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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

This Most Profound Challenge
Invisible Rights of the Poor
Siblings of the Retarded
Parental Control and Love

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A WANTED CHILD means fulfillment for the mother expressed in the kind of loving care which nurtures a child's potentials for healthy development. A succession of unwanted children may mean poverty and despair for the parents, blighting their nurturing abilities to the detriment of the entire family. This realization and the challenge of a progressively accelerating population growth are behind the growing support of family planning services which is described in the opening article in this issue.

Justine Wise Polier has been a judge in the New York State Family Court and its predecessor court, the Domestic Relations Court of New York City, since 1935. She is also president of Wiltwyck School for Boys, a residential treatment center for emotionally disturbed children, and of Louise Wise Services, a voluntary adoption agency in New York City; a board member of the Foster Care Commission of New York City and the New York School for Nursery Years; and a member of the executive committee of the Citizens' Committee for Children of New York.

Since administering the project he and **Mary Feeley** describe in this issue, **Meyer Schreiber** has joined the staff of the Children's Bureau as consultant on social services to mentally retarded children, with headquarters in the New York regional office. Miss Feeley has returned from educational leave to the Bureau of Child Welfare, New York City Department of Welfare, and is now its chief of community relations and public relations.

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A social worker and educator, **Ivor Kraft** came to the Children's Bureau in 1962 from the Children's Guild in Baltimore, Md. He has worked as a school social worker and with family counseling agencies and has taught courses in child development at the college and university level. In 1964, Dr. Kraft led a group of social workers on a study tour of the Soviet Union and other countries of Eastern Europe.

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Some approaches to what the President has called . . .

THIS MOST PROFOUND CHALLENGE

KATHERINE B. OETTINGER
Chief, Children's Bureau

IN HIS STATE of the Union message last January, President Lyndon B. Johnson said, "I will seek new ways to use our knowledge to help deal with the explosion in the world population and the growing scarcity in world resources." Recently, he has been even more specific in asking the Nation to "face forthrightly the multiplying problems of our multiplying populations and seek the answers to this most profound challenge to the future of the world."

In the same vein, former President Eisenhower recently stated: "If we now ignore the plight of those unborn generations which, because of our unreadiness to take corrective action in controlling population growth, will be denied any expectations beyond abject poverty and suffering, then history will rightly condemn us."

These statements have come at a time when a rising chorus of voices from all segments of our society has been calling for national attention to the problem of a population growth and its allied problems of health and welfare. It has included a series of policy expressions from powerful national groups. For example, late last year, the trustees of the American Medical Association urged the association to cooperate with nonprofessional groups which had "adequate medical direction" in dispensing information about family planning. They asserted:

> **An intelligent recognition of the problems that relate to human reproduction, including the need for population control, is more than a matter of responsible parenthood; it is a matter of responsible medical practice.**

Last year the American Public Health Association urged that—

> **Federal, State, and local governments in the United States include family planning as an integral part of their health programs, make sufficient funds and personnel available for this purpose, and insure such freedom of choice of methods that persons of all faiths have equal opportunities to exercise their choice in accordance with their conscientious beliefs.**

In 1962, the National Association of Social Workers called for attention to the need for family planning services.

In 1964, the American Public Welfare Association's board of directors, stressing the "importance of family planning to assist families to attain the highest potential," urged that welfare clients be referred for this kind of assistance if they requested it.

Last spring, the National Academy of Sciences, National Research Council, in reporting on the growth of the U.S. population, stated:

> **The freedom to limit family size to the number of children wanted when they are wanted is, in our view, a basic human right. . . . Most Americans of higher income and better education exercise this right as a matter of course, but . . . many of the poor and uneducated are in effect deprived of the right. No family should be fated through poverty or ignorance to have children they do not want and cannot properly care for.**

The continuing thread running through this dialogue has been respect for the conscience of individuals to determine freely if they wish to space their families by methods morally acceptable to them.

Based on a paper presented at the Fall Conference on Public Family Planning Clinics, New York, September 9, 1965.

Let us look at the current role of the Federal Government in meeting "this most profound challenge to the future of the world."

Secretary of the Interior Stewart L. Udall has announced a program to make contraceptive advice and services available, when desired, to American Indians, Eskimos, and natives of the islands the United States holds in trust in the Pacific.

The Office of Economic Opportunity will approve Federal funding for family planning services under its community action programs, if the community wishes to undertake that activity. This program is just getting under way, so there is no way yet to know how many communities will do so.

The U.S. Department of Health, Education, and Welfare is carrying forward the three program elements—research, training, and service—which are essential for illuminating the nature of population changes, for providing new and better methods of controlling fertility, and for investigating the social and psychological aspects of family planning.

For example, its National Institute of Child Health and Human Development supports basic research in reproductive biology which will lead to better understanding of those factors which lend themselves to the creation and development of healthy, new human beings. It is currently spending about $500,000 a year to support research directly related to population problems.

Most recently, the Institute awarded a grant to Princeton University to survey birth control practices. This study, the first since oral contraceptives came on the market, will provide a base for other studies of the influence of birth control practices on the health of women and children. One interesting aspect is that it will provide data on the size of the family desired by parents.

The Children's Bureau, as a part of its program-related research, is making research and demonstration grants on various phases of family planning. For example, to get at the complexities surrounding the question of motivation for family planning, the Bureau has awarded a grant to the Community and Family Study Center in Chicago to inquire into two basic questions:

1. Why do some low-income families totally reject family planning, or accept it only on a limited or temporary basis?

2. How do prevailing community attitudes and the individual's own psychology work to promote or impede the adoption of birth control measures?

Another Children's Bureau grant has gone to the Hudson Institute in New York State, which will project what the U.S. birth rates might be in 1975 as a basis for developing alternative plans for future maternal and child health services according to the country's requirements.

A third grant has gone to the Tulane University School of Medicine, New Orleans, to continue its study of fertility and attitudes relevant to fertility and family planning among a group of 1,000 mothers in the New Orleans area.

Personnel Training

President Johnson has pointed out that "in all sectors of health care, the need for trained personnel continues to outstrip the supply."

Many parts of DHEW are, in fact, supporting grants, institutes, fellowships, and other means of augmenting our supply of trained health personnel.

For example, in the maternal and child health and crippled children's programs administered by the Children's Bureau, practically all the States are using some of their Federal funds to provide special training opportunities to physicians, nurses, nutritionists, medical social workers, and other professional personnel. Most maternal and child health programs in schools of public health which these trainees attend now have family planning in their programs, but more concentration on this aspect of public health is needed in teaching hospitals.

In a few State maternal and child health programs, inservice training is going forward to supply a pool of physicians able to give medical consultation on up-to-date methods of contraceptive techniques. One of the paramount uses of this pool of technicians is to provide consultation to counties who want to upgrade their programs. In a very efficient way, this method gives all physicians in a given community the opportunity to take advantage of the most advanced medical knowledge in this area. If this form of inservice training were extended on a national basis, the benefit could be immeasurable.

The Children's Bureau is also directly supporting programs for training professional men and women, specifically geared to the roles which various disciplines must play to effectively develop family planning programs. For example, this fall we are offering a 4-week course to about a dozen registered nurses from various parts of this country to study family planning at the Graduate School of Nursing of the New York Medical College. This course, to be given concurrently with a training program for

nurses from other countries, sponsored by the Agency for International Development and the Children's Bureau, will enable both groups of nurses to participate in classroom and clinical experience, including study of the use of specific contraceptive devices.

Support of Services

The Children's Bureau is in a key position in the involvement of the U.S. Department of Health, Education, and Welfare in helping to support family planning service programs. Our basic concern has always been, and always will be, to improve the social and physical health of mothers and children throughout the country. Our obligation under the Social Security Act is to assist the States in promoting these health services.

In recent years, a marked change in attitudes toward family planning and improvements in the various methods that can be offered have made it possible for States, many of which already provided family planning services as an integral part of their maternal and child health programs, to expand such services and for other States to initiate them.

This expansion could not have occurred without the unstinting efforts of voluntary organizations in sponsoring demonstrations of family planning services. These pioneers have always maintained high standards, a valid scientific approach, and excellent interpretation about the true meaning of family planning as a part of responsible parenthood.

Research foundations have poured millions into studies focused on family planning, and pharmaceutical firms have made an immense contribution by developing resource material and training tools.

However, the numbers of families seeking such service and the vast urban and rural areas to be covered exceed the services voluntary efforts can supply. Moreover, the conviction has grown that education and instruction in effective family planning should be included as components of the programs of the health and welfare agencies responsible for the payment of health services for dependent families. Too many parents among the poor have suffered spiritual dejection and demoralization after bringing more babies into the world than they can provide for in a way that will develop the children's potential or help them break the cycle of poverty.

Federal matching funds are available for medical services connected with family planning under the public assistance titles of the Social Security Act. These may include physicians' services, clinical and hospital services, prescriptions for drugs and devices, and other preventative and rehabilitative services associated with a comprehensive program for family planning.

Further impetus for expanded activities came with the enactment in 1963 of the maternal and child health and mental retardation planning amendments to the Social Security Act, which authorize a new program, administered by the Children's Bureau, of special projects for maternity care for women in low-income families—projects intended primarily to reduce the incidence of mental retardation due to prematurity and complications of pregnancy.[1, 2] Most of the States and localities which have chosen to take advantage of this maternity and infant care program have included family planning as a part of their comprehensive care.

During fiscal year 1965, 27 States spent an estimated $1,835,000 for family planning services in relation to maternal health programs. State plans submitted to the Children's Bureau for the current fiscal year show that some States are planning to double their expenditures for family planning services in their programs of maternity and infant care.

Experience so far in these projects indicates that the institution of family planning services more than doubles attendance at post-partum clinics and, in some projects at least, seems to have a favorable influence in attracting women to prenatal clinics early, as word gets around that the services are available. For example, in Augusta, Ga., over 85 percent of the women delivered in a maternity and infant care program for women of rural counties have returned for the critical post-partum examination and 90 percent of these have asked for family planning advice.

The Children's Bureau has just added a staff member to obtain further factual information about family planning services provided by State and local health departments. Her findings are expected to enrich future program planning in this field. Beginning with the current fiscal year, we are asking the States to give us basic information about the numbers of persons receiving family planning services. This will indicate the scope of services and where additional new approaches may be needed.

The Concept of Service

It should be quite clear that the definition of family planning is not limited to the *spacing* of children but also includes a concept of service to couples who seek to correct infertility in order to have a family. As a part of this definition, it is a goal—but certainly not a reality—to have family planning services avail-

able in communities, not just as a part of the postpartum clinic service, but as a part of regular maternal services which women could use at other times than during the maternity cycle. There is a beginning in this direction—but only a beginning.

We are aware that we are still at the beginning of a learning experience, but early evidence indicates we will come to know much more about the physical aspects of family planning, the usefulness of the devices themselves, people's attitudes toward their use, and the continuity of interest in this subject.

Most importantly, we need to know how to communicate with families so that they internally accept family planning as a part of their family pattern. And when we speak of families, we are talking about *both* parents—the base of family life. Our efforts will be both futile and misdirected if we fail to involve the husband and father in family planning. It now is being done to some extent in the maternal care programs but greater progress needs to be made in this direction.

I can think of no more concrete example of the need for the involvement of both parents than a letter written to a staff member of the Children's Bureau.

"Dear Sir," the letter began, "I am writing to ask your advice. I want some personal advice and not just some little papers or pamphlets."

The writer went on to say that at the times his wife gave birth to their first two children she had gotten up in a day or two and begun helping him in the fields. Then he related what happened to her in each successive pregnancy—her third, fourth, and fifth; her sixth ended in a miscarriage. By the end of the first page she had had nine pregnancies. In her 10th, she had had a convulsion, then followed her 11th, 12th, and 13th. And now she was pregnant for the 14th time. She did not want to do anything except lay around all the time. He did not know whether she was getting lazy or not. He had heard that when women had grown children they liked to sit down and let their children wait on them.

The letter ended with the question, "Can it be that my faithful wife don't want to help me anymore?"

Social Needs

Many men who father children with every intention of giving them adequate care become so overwhelmed at the economic burden which each successive child brings them that in time their adequacy as a family head fails. Too often the family itself becomes a casualty. Even fathers who take "moonlight" jobs often cannot make ends meet. Despite the principle so long advanced in the child welfare field that no child shall be separated from his family for economic reasons only, children often wind up in public institutions, seriously dislocated from the society of which they must some day be a part.

Social workers are confronted daily with situations in families which force them to search for palliatives rather than real solutions to problems. For example, in the first 9 months of 1964, in New York City alone there were 443 well babies left in hospitals by mothers who simply walked out because they had no way of caring for them. When emergency placement measures are undertaken to clear the hospital beds they occupy so that others can be served, these young infants too frequently spend their growing years in so-called "temporary" shelters.

The enormous impact of this problem is reflected in many ways in the child welfare services program. In a recent year, 36 percent of all children receiving services by public child welfare agencies were children neglected by their parents.

In administering both maternal and child health and child welfare programs, the Children's Bureau is acutely aware of the problems of young unmarried mothers. We feel a special obligation to see to it that they get every help they need, for we have proof that their children are frequently more susceptible than others to physical impairments, as well as to social and emotional handicaps.

Healthy mothers and babies are a paramount part of our national concern for the future well-being of all our citizens. We are, of course, greatly concerned that we have only the 10th lowest infant mortality rate among the leading nations of the world. President Johnson has called for a drastic reduction in this rate by the end of this decade. Could it be mere coincidence that in all but one of the nine nations which now rank ahead of us, the birth rate is also lower than in the United States?

Many of us are working together at a new rapid pace as the dimensions of our problem become clearer for reaching the goal of providing better health for the mothers and children of this Nation. If family planning is a useful tool in achieving this goal, then it should be available on a universal basis as a *right* of parents, without coercion, but with genuine and sympathetic attention to the needs of each human being.

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[1] Lesser, Arthur J.: Accent on prevention through improved service. *Children*, January–February 1964.

[2] Close, Kathryn: Giving babies a healthy start in life. *Children*, September–October 1965.

Do children have legal rights? If so, what are they and how can they be protected? Various aspects of these important questions are to be discussed in a series of articles in this journal. It begins here with some views of a family court judge, presented at the National Conference on Law and Poverty in Washington, D.C., last June, on problems of families and children involving . . .

THE INVISIBLE LEGAL RIGHTS OF THE POOR

JUSTINE WISE POLIER

Judge, Family Court of the State of New York
New York City

A HIERARCHY in law reform has been permitted to develop in this country. Until recently reforms in civil law affecting property rights have been at the apex,[1] and reforms of criminal justice have held second place.[2] Far below, at the base of the pyramid, we find civil law reforms as they affect the daily lives of the poor, whose legal rights have remained largely invisible to the bench, the bar, and the community.

Juvenile and Family Courts

Juvenile or family courts have now been established in every State. These courts, while hailed on special occasions as essential to strengthening family life, have been treated as low man on the judicial totem pole, not requiring legal acumen, and have been starved for necessary administrative, judicial, and service personnel.

A recent study of judges in the juvenile courts has revealed that nearly a fourth were not licensed lawyers, and that they lacked "the basic professional credentials deemed essential to preside over any court."[3] In answer to a questionnaire, 33 percent of the full-time juvenile court judges who reported stated that they did not have any probation officers or social workers in their courts. For rural courts, the comparable figure was 54 percent. Eighty-three percent of the judges who reported stated that they did not have the help of any psychologists or psychiatrists. The study concluded:

> **. . . the profile of the juvenile court judge and his work . . . offers an image of a part-time judiciary, large components of which do not have adequate professional preparation or opportunity for in-service training and which operate under difficult caseloads and without adequate resources to properly discharge their assigned responsibilities. . . .[3]**

This profile, drawn 65 years after the creation of the first juvenile court in Illinois, reflects six decades of failing to come to grips with the needs of poor children and families in an increasingly complex society. It also illustrates the danger inherent in the creation of a legal institution when the legal profession fails to take active and continuing responsibility for its development.

The jurisdiction of our juvenile courts has been steadily enlarged to encompass not only delinquency but also child neglect and a wide range of family problems. However, the enlargement of jurisdiction has not been accompanied by the provision of the kind of personnel or services essential to provid-

ing the constructive help which is authorized by the statutes.

Contrary to what one might reasonably expect, services for the care and rehabilitation of delinquent children have been more nearly adequate (at least in quantity) than those for dependent and neglected children.[4] In New York City, the discrepancy in facilities and services for neglected and delinquent children was so great in 1963 that although 60 percent of the children brought before the court initially were alleged to be delinquent, 65 percent still awaiting disposition after 3 months were children brought to the court because of neglect.

For many thousands of children, the gap between legislative purpose and judicial action spells a substantial denial of legal rights that demands reform far beyond the assurance of a fair trial. No court should be permitted to serve as a container for troubled children and their families or as a curtain to conceal their problems. The juvenile court should be one of many agencies to break through walls of poverty, to discover the individual child within his family setting, and to apply the skills of our society to help each to find his proper place in our world. This it has failed to do.

Violation of Rights

The use of a legal aid society or an assigned counsel to represent children is a first step toward correcting the violation of legal rights. It does not, however, touch the pervasive denial of legal rights which children and poor families are all too often unaware of and which they are unable to assert. To mention only a few:

1. ***Transfer to prisons without the protections guaranteed under the criminal law.***

In over half the States, in the District of Columbia, and the Federal system, children who have been removed from their homes through the informal noncriminal process of the juvenile court may end up in jails, reformatories, or penitentiaries established for persons convicted of crimes. Many of these children have not committed acts which would be crimes if committed by adults. It has been estimated that between 500 and 1,000 young people are in penal institutions today who have neither been charged with nor convicted of any crime. Forty-seven of 141 State training schools located in 22 jurisdictions have statutory authority to transfer children to penal institutions without referring them back to court.[5] In some jurisdictions, such action can be taken against children upon whom the only judicial finding has been one of neglect.

2. ***Unequal justice for the unmarried mother and her child.***

There is an urgent necessity for facing the legal and social problems of the more than 200,000 children born out of wedlock each year and their mothers.

In 1960, the State of Louisiana denied previously granted assistance to over 20,000 children in families with a child born out of wedlock on the ground that their homes were "not suitable." No alternative provision for their food, clothing, or care was made. However, after a formal hearing in which *amicus curiae* briefs were filed by Orison Marden on behalf of the Family Service Association of America, by Shad Polier on behalf of the Child Welfare League of America, by Lyle Carter on behalf of the National Urban League, and others, the Secretary of Health, Education, and Welfare issued a ruling that forced an end to such blatant injustice.[6]

However, less obvious but as wholesale denials continued elsewhere. Shortly after the Louisiana ruling, I asked a citizen of a neighboring State how his State was meeting the increasing need for assistance to children born out of wedlock. He answered that the problem was not too serious because unmarried Negro mothers did not dare apply.

The denial of equal justice to unmarried mothers and their children takes different forms in the large urban areas of the North. Access to birth control information has been denied those who are poor because of policies of public hospitals and departments of welfare. Also, although many maternity homes have recently begun to accept Negro applicants, equal access to residential care is by and large still not available to nonwhite pregnant girls. And a far higher proportion of nonwhite girls than white girls are brought to court as delinquents because of out-of-wedlock pregnancy.

A white girl "in trouble" is usually advised that she may surrender her child for adoption and start life anew. This she usually does. In contrast, a nonwhite girl is likely to be told that a surrender will not be accepted unless a family is found who will adopt her child, and she must therefore continue to be held financially responsible for her child. For most nonwhite girls, the choice is to leave her infant in a shelter for months pending some uncertain placement plan, to take the child (wanted or unwanted) back to the family home, or to abandon the child and disappear. While many unmarried Negro mothers

apparently do wish to keep their children, those who do not wish to do so often have no other choice.

The American Indian child presents another example of inadequate services. Although in many Indian communities there is a strong tradition of keeping a child born out of wedlock in the family, in many instances a child may have no home, be obliged to live in a home where he is not wanted, or be placed in foster care at an early age. The possibilities of adoption are limited by insufficient resources and the complicated legal and jurisdictional problems existing on many Indian reservations. However, in recent years, some adoption opportunities for Indian children have been opened through a special project sponsored by the Bureau of Indian Affairs, U.S. Department of the Interior, and the Child Welfare League of America, whereby Indian children are placed for adoption with both Indian and non-Indian families in various parts of the country through some local adoption agencies. Thus the wall of prejudice that so long has separated the Indian child from the rest of the American community is being pierced.

While the old concept that children must be matched if they are to be accepted by their adoptive parents is no longer accepted by most adoption agencies, we still find official opposition in public departments and courts to placing children across racial or religious lines, even when it is clear that without such a placement they will never belong to anybody.

The extent to which race prejudice has been woven into the adoption practices of this country and the denial of legal rights have been institutionalized will require years of concerted thought and action to correct.

3. *Termination of parental rights—orphans with parents.*

In the words of Konrad Lorenz:

Birds reared in isolation from their own kind do not generally know which species they belong to.

No text could provide a more accurate description of the many "orphans" with parents who are placed for indefinite periods in children's institutions or a succession of foster homes. These are the unwanted children forgotten by their parents, who nevertheless maintain legal ties with them.

The termination of parental rights raises thorny questions that reflect conflicting views about the "natural rights" of parents, the rights of the child, the child's best interest, and the duty of society to intervene in order to protect the welfare of the child. Social agencies, welfare departments, and courts tend to procrastinate when faced with this problem, even though inaction spells denial of normal family life for a child. In 1955, a self-survey by 14 child-caring agencies responsible for 17,000 children reported that, for 1 out of 5 children then in long-term care, adoption would have been a sound plan if it had not been overlooked.[7]

A child of poverty. Protecting his legal rights and those of his parents may help him find pathways to a better future.

In New York State, legislation was enacted in 1955 and in 1959 to authorize social agencies, after seeking and failing to induce the natural family to make reasonable plans for the child's return home, to have the child in long-term foster care declared permanently neglected and so freed for adoption. In 1962, this concept was incorporated by law into the policies of the new statewide family court, which was given original jurisdiction in proceedings "to permanently terminate the custody of a child where there is permanent neglect." However, almost no cases of this kind have been brought before the court by either public or private social agencies.

Such inaction also reflects the primitive ideas that are still all to prevalent in regard to the responsibility for poor children who are placed in foster care. Dependent and neglected children wait in shelters for months and years after a judicial finding that foster home care or adoptive care is indicated. Too often, in my experience, they have been offered to

agency after agency like pieces of unseen merchandise, with crude identifying data as to birth, sex, age, religion, and color. Some children—usually those most desperately in need of individual, loving care—see many others come and go while they remain in the shelter. There is generally no one to represent such children in legal action against the public departments responsible for providing them with appropriate care.

When cases are taken to court, too many social agencies assume that since they are trying to do what is right, the judge can and should follow their recommendations regardless of the rules of law. If progress in legislation is to become meaningful in the lives of poor children, responsible social agencies will have to secure the aid of competent counsel both for court appearance and consultation. Social agencies would never go into court without the aid of competent counsel in actions involving a bequest to the agency or the recovery of property. Surely it is not too much to expect equal concern for legal competence when the life of a child is involved.

4. The inverse ratio of payments to real benefits.

Surely it is inconsistent with our grave reluctance to sever parental rights, and our practically unanimous agreement on the need to strengthen family life, that in this affluent country mothers in the aid to families with dependent children (AFDC) program receive on the average less than $1 a day for each child. If we find that the home is inadequate, that the mother is unable to cope with the problems of so many children, we remove the child to the home of a stranger or series of strangers, paying from public funds up to $7 a day for the child's care. If the child is removed to an institution, the institution is paid up to $14 a day. Finally, if the child becomes emotionally disturbed, payments from public funds may range from $10 to $25 a day. Thus, the further the child is removed from his family, the more we are ready to pay for his support. Only the Mad Hatter could explain this.

Underlying Problems

The children I have referred to so far represent only a small segment of the poor. They are the troubled children someone has noticed, or the children who have become troublesome to the community after having been left unnoticed and unhelped for many years.

Though they are numbered in the tens of thousands, they are only a segment of the millions of children who are growing up in dire poverty. This country is now seeking ways to help these children escape from poverty. I would submit that this will require provision by law of an adequate standard of income for children in their own families—a standard sufficient to provide adequate nutrition, clothing, schooling, medical care, and a sense of belonging to, and being a prized member of, our society.

According to recent studies, 15 million children live in families where everyday living requires choosing between an adequate diet of the most economical sort and some other necessity.[8] For these children such poverty also means overcrowded, inadequate housing—for 4 million of them, housing which endangers their health or safety. One-third of them live in families without fathers.

Poor families must also scrimp on clothing, recreation, personal care. Without access to credit, they pay more for insurance, for purchases made on time, for money borrowed, and for almost every purchase made. They usually live in areas where all public services, from schools to garbage collection, are most inadequate.

We do have our "income maintenance" programs, the social insurance and public assistance programs provided for under the Social Security Act, and, in some places, general relief programs for indigent families who do not fall into the Social Security Act's specified categories. But the size of benefits and payments under these programs are, for the most part, notoriously inadequate for meeting the families' needs. For example, a recent study has shown that the total annual income from all sources in families in the AFDC program, excluding payments for medical care, averaged $1,680 per family.[9]

Then, there are the problems created by the ways in which the assistance programs are administered. They have been too largely shaped by characteristics derived from both the Elizabethan Poor Laws and traditional charity.

True, certain basic principles to protect the recipients of assistance have been incorporated as conditions of Federal reimbursement to the States. These include equitable, prompt treatment without discrimination to all people in like circumstances of need, and the administration of assistance in such a way as to protect the dignity and self-respect of the people served. The enforcement of these principles at State and local levels would do much to alleviate the problems of "poor" children and families throughout this country. Unfortunately, too few members of the legal profession are aware of the

extent to which these principles are being violated.

Of all minority groups, families who are poor are the least able to assert, or even know about, their rights. Composed in large part of fatherless families or of families in which the father is unable to live up to the expected role of providing support, they are defenseless and lacking in hope.

While we have increasingly recognized through law the necessity for providing subsistence rations to such families, we have largely failed to provide those services or methods of help essential to self-respect and hope. We have developed vast administrative structures to screen and rescreen families for their eligibility for the pittance to which they are entitled. We have assumed that in receiving a tax-supported grant a family gives up the right to privacy in the home, the manner of expenditures, a TV or a telephone, and its own standards of moral conduct.

We have at times self-righteously ordered out of a home a man who could not marry because a divorce was beyond his means, even if one of the children was his own. At other times, we have told the woman that unless the man who visits but cannot marry her moves into the home and helps support the family, the assistance grant will end. We have demanded that families receiving assistance account for the earnings of their adolescent and adult children in a way that no middle-class family would dare to demand of its own children. We have fostered deception and provoked young people to move out of the home into furnished rooms so as to avoid the demands of the welfare agency.

At the same time, we have been slow to remove children known to be seriously neglected from their homes since costs in foster-care facilities are high and the facilities and services are inadequate.

All of us have taken part in a series of self-deceptions and pretensions out of ignorance or a need to conceal what we were doing and not doing for and to poor families. We speak constantly of the "social workers" who administer public assistance, but no more than 4 percent of such public assistance personnel is professionally trained. True, this situation rises partly from the dearth of professionally trained personnel. But it also reflects the all too common attitude that anyone can investigate poor people and tell them what they are to do or what they may have. Moreover, the overwhelming size of caseloads in many public welfare agencies, the emphasis on eligibility determination and discovery of "fraud," and the amount of clerical work involved deter young people from entering the public welfare field in spite of its crying need for dedicated and professionally trained men and women. Happily, increased Federal fund-matching for administrative purposes is now encouraging the reduction of caseloads, the provision of public welfare services, and higher educational standards for beginning workers.

Protection of Rights

The goal of a "great society" demands a far greater concern for the welfare and potential of the individual than is prevalent today. The complexities of administratoin and the conflicting interests of many of those who administer "government largesse" have been a source of restriction to the individual recipient of benefits.[10] The extent to which the methods of granting government benefits enlarge or decrease the individual's capacity for living fully is a challenge to law—in its lawmaking, administrative, and judicial functions, and in the evolution of law as a social institution.[11]

As long as government at any level is regarded as an agency of charity, it is likely to exercise its vast use of the tax dollar with the carrot-and-stick philosophy of old-fashion charity for the "deserving poor"—and in the demeaning manner characteristic of the middleman who transmitted favors from the rich to the poor—unless the administrative and judicial arms of the law challenge such undermining of rights created by law.[12] The legal profession can bring this about by uncovering violations of the rights or entitlements of the poor, and by exploring new methods and procedures to protect the rights of individuals entitled to assistance and to a wide range of services.

The violations of the rights of the poor have taken many forms which we are only beginning to recognize. In 1963, Professor Reich of Yale wrote an incisive constitutional challenge to the practice of sending unannounced welfare investigators to the homes of relief recipients at all hours.[13] And Elizabeth Wickenden recently prepared a list of constitutional issues affecting applicants and recipients of assistance.[14]

While the provision of cash, help in kind, and services under law create different problems of administration, all create rights, without discrimination, for those entitled to them. The lack of clear remedies to enforce such rights has not only deprived those entitled to the benefits or services but has also opened the way to prejudice, discrimination, and apathy on the part of persons responsible for distributing them.

The practice in public assistance of making individual budgets for rent, food, special clothing allowances, special allowances for diets prescribed by doctors, special allowances for household articles, including beds and linens, open the door wide for discriminatory administration. For example, if a parent fails in July or August to request the necessary clothing items for children before school starts in September, or if a caseload remains uncovered so that no clothing allowance is granted until winter is well under way, who is responsible for the enforcement of rights?

When in an overcrowded area free public education is reduced to a double shift, with shorter school hours than in the other areas of the city, with more substitute teachers, and with no special classes for the gifted children as in other areas, what remedy do the poor have for this discrimination against their children?

When the government contracts for medical services for the poor, who can assert their right to adequate care? A recent study revealed that the voluntary clinics have accepted few poor children, and only those considered amenable to short-term therapy. The vast majority of the children most in need of therapy have had to be referred to clinics under public auspices. Overwhelmed by sheer numbers, these clinics can only do diagnostic studies and are unable to provide the needed therapy.[15]

Similarly, many voluntary agencies select the children who seem most likely to respond to their services, leaving those who are most deprived and who present the most serious problems to the public agency, which may not have a staff adequate to deal with them. When inferior, inappropriate services or placements are provided their children, poor parents have no redress.

By a series of separate and uniform State statutes and interstate agreements between welfare departments, the mobility of poor children in need of placement across State lines is being extensively denied. The practice has become so accepted that social agencies and courts often do not even explore the possibilities of homes among relatives in other States for children who must be removed from their own homes because of the death, mental illness, or neglect of parents. There is no one to speak for the child, and there is no one to test the constitutionality of the laws under which the child is denied a home.[16]

It is not easy to separate the legal needs of the poor from the economic, social, and psychological disabilities imposed on them by society. It therefore becomes necessary to examine those areas in which law either by positive action or in negative fashion has added to those disabilities, and how law can become an instrument for lessening the disabilities and even freeing families and children from an oppressive denial of their rights.

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SIBLINGS OF THE RETARDED

I. A Guided Group Experience

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IN THE COURSE of providing group work services to retarded children during the past decade, the staff of the Association for the Help of Retarded Children in New York became impressed by the frequent references made by parents to problems these children created for their normal adolescent brothers and sisters, and vice versa. Parents expressed concern, for example, over the normal child's feelings of being overburdened by the care of the retarded sibling, of his overt expressions of hostility and resentment toward the retarded sibling, of responsibility for the retardation, of obligation to make up to the parents for what the mentally retarded brother or sister could not give them, and of guilt for being the normal child.

At the same time, the staff became impressed by the large number of normal adolescents who were taking their retarded brothers or sisters to social group meetings and to special events, and by other indications these young people gave of being able to cope with the fact of their sibling's retardation. Many of them obviously had been able to work out their feelings about their retarded brothers or sisters with no major intrapsychic, interpersonal, or intrafamilial strains, by developing healthy defenses and using compensatory mechanisms.

Thus with evidence both of need and strength in the normal adolescent siblings of retarded children, the staff began considering what the agency could do to include such young people in its total efforts to strengthen family life in the families of retarded children.

Consequently, with agreement from the appropriate lay committee, composed in part of parents of the retarded and the agency's board of directors, the decision was made to establish a demonstration program of guided group discussion for selected normal adolescents, through which they could examine, clarify, and understand more clearly a dynamic aspect of their life situation—their role as siblings of a retarded child. The experience in such a group, it was anticipated, would help these young people to become more effective and assured in their intrafamily relationships and responsibilities, and so would enrich the total family life.

More specifically, the aims of the demonstration were delineated as:

1. To assist the individual and the group to identify the nature of their reactions to having a mentally retarded brother or sister—stress, strain, mixtures of affection and antagonism—and the effects of these reactions upon their relationships with their parents, brothers and sisters, peers, and their entire life situation.

2. To help the individual and the group to examine and to clarify strategies for understanding and dealing with their siblings, their parents and peers, and the problems of daily living related to their status as the brother or sister of a retarded child—strategies which would be helpful not only to them but also to others in similar circumstances.

3. To throw light upon the extent to which the concern and reactions of such adolescents represent

strength as well as intrapsychic, interpersonal, and intrafamilial strains, and to determine whether their defenses are similar to or different from those of adolescents with no retarded siblings.

Since expressions of interest in the program came from all parts of the city, it was decided to conduct the group sessions at the association's office, which was centrally located. To qualify for admission to the group, an adolescent had to be between 13 and 17 years of age, and be willing to participate in the group sessions every 2 weeks to discuss his problems and feelings in relation to his retarded brother or sister and his life situation.

Twenty-eight adolescents met these criteria. Obstacles to attendance, such as the day, time, and travel involved, reduced the number selected to participate to 10. Twenty other young people were interviewed by staff members and helped to see why they could not be included in the group. These included several who were "pushed" by domineering parents to apply because "this is good for you," others whose parents expected the group to provide a therapeutic experience, and a few whose needs were basically social. For many of these young people, the group experience might have been too anxiety-provoking or otherwise inappropriate. Unfortunately, shortage of staff members prevented followup of those who seemed in need of individual counseling.

The 10 young people who formed the group included 5 boys and 5 girls, mostly from lower middle-class backgrounds. The age spread was from 14 through 17, with the boys generally 1 to 2 years younger than the girls. Six of the participants were in junior high school and four in high school. Judging from their own comments about school, seven could be considered above average in academic ability and three as average students; and seven were involved in extracurricular activities at school. All participants indicated a real desire to participate in this new experience.

All the retarded siblings of these young people were living at home. Some were mildly, some moderately, and some severely retarded. Half were younger and half older than the normal brother or sister.

The Group Process

The group, which its members called the Brother-Sister Group, met every 2 weeks from October 1962 through May 1963, under the leadership of a professional group worker. The first session was devoted to a consideration of the voluntary nature of the group and what the group hoped to accomplish. The adolescents agreed on their own accord to come regularly, and to share their problems and experiences in order to help not only each other but also other teenagers in similar circumstances.

A normal adolescent and a retarded friend who have learned to enjoy each other. Such relationships also exist between normal and retarded siblings in spite of the many problems an adolescent finds in having a retarded brother or sister.

At the end of each session the group agreed upon the focus of the next. In the beginning, the group worker took an active role in suggesting possible subjects for discussion, such as "How do you tell your friends about your retarded brother or sister?" However, as the members became better acquainted and more comfortable with each other and the worker, they began to bring up spontaneously the concerns they wanted to talk about. These included such questions as: "Does the fact that our family has a retarded member lessen our chances of marriage?" "How can we deal with the feelings we get when our friends show us pictures of their brothers and sisters and brag about their accomplishments?"

The participants offered little resistance to telling the group about their experiences with their brothers and sisters, families, and friends.

The worker helped the group look at different aspects of the material under discussion, adding information as needed, or raising questions and suggesting alternative courses of individual and group action. The worker also dealt with problems of individual needs and intragroup relationships. At the

same time, she helped the group hold to its aims and special function. She filled a variety of "roles"—confidant, leader, counselor, resource person, agency representative, and even parent—as the situation demanded and the group progressed.

By the fifth session a cohesive group had emerged, held together by a common bond and meaningful relationships between the members and between members and group worker. From that point on, the group was largely self-directed, taking major responsibility for the content of the meetings and for individual participation. The group worker became largely a resource person, who provided clarification of points, support for individual participants, and information to indicate alternative courses of action.

Each session lasted an hour and a half, and included a period of light refreshments provided by the agency. At the end of each, the worker summarized the progress made, emphasizing the positive, the constructive, and the realistic aspects. She encouraged the members to share their findings with parents, other normal siblings in the family, and friends; and to feed back significant reactions from them to the group. Such reporting back was frequent.

The group usually stuck with an issue until it reached a termination point. Completion of a subject of discussion sometimes took as many as three sessions. The group worker's attitude of constant acceptance provided a safe climate for the expression of concern and the ventilation of feelings whether these were of hostility, hate, or love. The participants also found support and recognition of the right to be different from their peers. They learned a method of analyzing life situations which was not only appropriate to the current scene but which could be used in dealing with future problems as well. Attendance at sessions over the 8-month period averaged 92 percent.

Concerns and Feelings

What were some of the common problems which emerged? The following list was prepared by members and group worker together. The illustrative material comes from the group records.

1. How do you tell your friends about your retarded brother or sister, especially friends of the opposite sex?

At this point, Bonnie turned to Susan and said, "Should I ask the question?" Both girls giggled, and Susan encouraged Bonnie to ask it. The question was: "How do you tell a boy that you have a retarded sister?"

Mark responded immediately by telling about his experience in telling a girl about his sister. The girls listened attentively, but then Susan said, "It's different telling someone that you really care about."

Susan is "going steady" and she hopes Stanley will never find out about her retarded sister, Gail. Could she tell why? She feels ashamed and embarrassed.

Kenneth said he knows how Susan feels, but he has been trying to help himself by asking whether he would be ashamed if his sister had no arm or no leg. He said knowing about this should have no effect on a person who had nothing to do with it, and if the boy really cares about you, this won't change him.

Kenneth told us that a few weeks ago a girl asked about his sister and he did not tell the exact truth. He felt ashamed about the way he acted and made up his mind to tell the truth the next time he saw this girl, but he just couldn't get himself to do it. He knows that it was wrong but he couldn't help himself.

2. How do you deal with your parents who have not discussed the problems of mental retardation in the family and their implications for you?

3. How do you deal with friends and people in school when you are hurt by their talk of the retarded as nutty and crazy?

4. Are these meetings really helpful or are we betraying our families' confidences?

5. Are our parents' expectations concerning our role and their role in continued care of our brothers and sisters, real and fair to all involved?

6. What should be our responsibility toward our retarded brother or sister in the event of our parents' deaths?

Even before the meeting began the teenagers were discussing among themselves the requests made by their parents for the care of the retarded sibling if anything ever happened to the parents. Regina and Diane have promised never to send their retarded siblings to an institution. Bonnie promised to visit her sister Barbara regularly in the institution. She would definitely not care for her if her mother were unable to do so. The other girls laughed at this and told Bonnie that she was "just talking" again, and that she would be the first one to object to having her sister placed in an institution.

7. What are we to do when our parents do not really feel affection for our retarded brother or sister?

8. How can we deal with our feelings when our friends show off their brothers' and sisters' pictures and talk about their accomplishments?

Bonnie broke in here and said:

"It is hard when you hear the other girls boasting how smart their sisters are, and the things they do, and you can't say anything about your sister. In fact, very often I do not admit that

I have a sister at all. Some of the girls in school think I am an only child and others want to know if I have a brother or sister since I never talk about mine. . . ."

9. Does retardation in our family lessen our chances of marriage, and is it hereditary?

10. How can our parents help us with our problems?

11. What can you do together with your retarded brother or sister in the home or in the community?

12. How does a teenager really accept a problem that he will face the rest of his life?

13. How can a teenager plan for his adult life?

14. What are our hopes for the future?

At this point Kenneth asked why Susan had such feelings about her sister. He thinks that they should all be very happy that they are living now when so much is being done for retarded children. Years ago people would hide retarded children, and nothing was done for them.

Bonnie said that was easy to say but the fact remained that the situation was hard to face. She says that she has heard all these things before. You are supposed to feel good because the President of the United States, who is very smart, has a retarded sister.

Other feelings expressed by participants in the group were: a feeling of not being loved as much as the retarded child; jealousy, resentment, and hostility toward the retarded child; denial of the severity of the retarded child's condition; and guilt about having negative feelings toward the retarded child. Such feelings, however, were not characteristic of the group, and their intensity in the individuals who held them was often repressed. The worker recognized their significance but did not delve deeper or bring them into focus before the group in view of the anxiety that would be evoked. Rather, she held to the group's educational focus, leaving the resolution of deep and involved feelings as the function of individual therapy.

As part of the group's activity, the worker suggested, after about 18 sessions, that the participants might want to consider ways and means of helping other young people who had a retarded brother or sister. This resulted in a group project, the writing of a pamphlet directed to other teenagers.[1]

Some Observations

Over the 8-month period, the experience with these young people led members of the agency staff to make a number of observations. We present them as hypotheses which need further testing with a larger number of retardates' siblings—young adults as well as adolescents:

About the Normal Adolescent

1. It was not the degree or kind of retardation in his sibling which seemed to affect the adolescent's life or happiness as much as the way he felt about himself and his retarded brother or sister, and the way in which he learned to live with the fact of having a retarded sibling.

2. What the normal adolescents really needed and wanted was accurate, up-to-date information, in language and concepts which they understood, about mental retardation and what they could do to help their families and their retarded siblings. They wanted to know how to manage *now* and what they could look forward to.

3. The young people's attitudes were not consistent at all times.

4. Almost every adolescent in the group brought up the question: "*Why* did it have to happen in my family, to us, to me?"

He said the question of "Why did this have to happen to me?" comes to him often. I told him this was a natural question, but said I wondered what it meant in the way of his making friends, or in school. . . . He said that it hadn't meant much up to this point but wondered what would happen when he has to tell a girl about his sister. I pondered that question too. (Kenneth is unable to use the word "retarded.") He said he would just say his sister was different.

Kenneth mused that everyone has something in their family. One of his friends doesn't have a father—parents are divorced. He can see this as a real problem. I asked him if this friend might also ask himself, "Why did this have to happen to me?" and he admitted that this might be so.

5. The sessions helped the teenagers see some of the strengths, as well as limitations, in their brother's or sister's functioning, and in the family.

6. The importance of good communication and feeling between parents and adolescent depended on the existence of the kind of relationship which encouraged the adolescent to go to his parents whenever he felt the need.

7. The teenagers seemed to be helped by the very fact of knowing that the agency was interested in them as well as in their parents and their retarded siblings.

8. The group worker to be helpful had to look at life as far as possible through the adolescents' eyes, show her care and respect for them, and treat them with dignity and understanding. She had to be care-

ful not to generalize and assume that the problems and feelings of all the siblings of retarded children are the same.

9. The group worker found it important not to underestimate the strength of adolescents or to expect too little of them. It was clear that the young people wanted their parents to involve them in planning for the total family.

About the Group and the Group Worker

1. The experience was appropriate for the adolescents in the group. They were able to express spontaneous feelings, to invest themselves in the experience, and to extract positive help and strength from their contacts with others who are in similar circumstances. For other adolescents such an experience may be anxiety-provoking to the point that the youngster is not able to handle his feelings appropriately. In some instances, such as when family relationships and parental roles were discussed, an adolescent's group experience carried a potential threat to his parents.

2. The meetings had meaning for the group not only in giving the young people help during a period of hardship, but also in helping them to maintain and build healthy family relationships.

3. The support of others—their peers and the worker—was helpful to these young people.

4. The size of the group was important. Ten members seemed about right for providing good opportunities for exchanging experiences and sharing the worker with each other.

5. Timing the meetings in relation to the many pressures on teenagers—school work, social life, family obligations, and work—was important.

Conclusions

Thus we concluded that this short-term group experience was useful to the teenagers involved. The spread of time helped the young people, at an age when it is difficult to put feelings into words, to open up problems, to delve into certain aspects of relationships, to pull together and integrate what had been accomplished, and to begin to think more realistically about the future.

The sessions did not always contribute to modification or change of basic attitudes, but they enabled the participants to know that others knew and experienced similar problems and that it was all right to feel the way they did. Although their problems and feelings could not always be resolved since some were "bottled up" inside, for the most part these adolescents gradually became able to express their feelings more fully as meetings progressed and to become more realistic in their appraisal of them. This seemed to result in their being better prepared to see the next steps necessary in their planning. As time went on, they seemed to be able to look at the broader implications of mental retardation not only for themselves but for others who also had retarded brothers and sisters.

Many parents of retarded children are panicked into the belief that their retarded child will adversely affect his normal brothers and sisters. However, in some families where the parents have dealt with the situation constructively, such young people have developed greater maturity, tolerance, patience, and responsibility than is common among children of their age. Our experience suggests that the young person with positive family relationships is often capable of enduring the emotional hurt and anxiety of having a retarded sibling without severe disruption of his family and social life. He needs reassurance and support, but more often his primary requirements are educational. The more clearly normal siblings of the mentally retarded can see the realities of their particular situation, the better position they are in to cope with them. This is the point of a group experience.

As the young people wrote in their pamphlet:

. . . We helped each other. We learned how to "talk" about retardation and felt free to discuss our problems. We helped each other to be better prepared for any unexpected behavior of our brothers and sisters. We knew that we were not alone.[1]

A fuller report of the project described here is available from the Association for the Help of Retarded Children, New York City Chapter, 200 Park Avenue South, New York, 10003, under the title, "Normal Adolescent Siblings of the Mentally Retarded: Some Beginnings in Guided Group Education."

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SIBLINGS OF THE RETARDED

II. Individual Counseling

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WHEN a social worker is involved with the family of a mentally retarded child, he needs to maintain a continuing awareness of each of the other children in the home not only in order to learn more about intrafamily relations and their effects on the handicapped child and his parents, but also for the sake of these children themselves. If the normal children in the family have problems deriving from the presence of the handicapped child, the strain on the entire family may be aggravated.

Sometimes the social worker derives adequate knowledge about the other children in the family from the parents alone. However, the worker may enlarge his understanding of the family and perhaps modify his approach if he comes to know these children personally. This usually contributes to a greater sense of warmth and security all around, although some parents may feel threatened by the agency's contacts with other members of the family, a possibility which has to be considered in the plan for service.

Getting to know the handicapped child's siblings may be achieved by plan or by incidental meeting. At the Evaluation and Counseling Program for Retarded Children in New Haven, we have found that the informality of our office often encourages parents to bring in the entire family when they come for an appointment. In fact, if parents come from a distance they sometimes turn the trip into a family excursion, climaxed by a treat, and we encourage this. Many of these families have experienced rejection and misunderstanding in the past. We try to make them feel accepted and at ease so that we can be of help to them in facing their problems. It might seem that the presence of several children for an hour or two in our small quarters could be disruptive. It sometimes is, but we find that we gain from each of these experiences both insight into specific family relationships and knowledge about the reactions of normal children to having a retarded brother or sister.

Out of such experiences grew our realization of the special problems faced by these normal children and of the help the agency could offer them. This, of course, varies with each child.

All that one 9-year-old boy needed to dispel his fears was to visit the office, see what went on in every corner of it, and meet the staff. He knew that his brother, a hyperactive child who was frequently in trouble, was undergoing evaluation, and he had reacted to this with symptoms of anxiety. At school he had been unable to concentrate. Assurances from his parents that nothing bad would happen to his brother had not helped him; but as soon as he entered the agency office on a visit with his parents his strained expression eased. Later, his mother reported that although he seemed less anxious after the visit, he was further relieved when the evaluation was entirely completed. He continues to be a very quiet boy who seems prone to worry, but, ac-

cording to information from the school, he is participating normally in the classroom.

Telling the Other Children

The question of whether older children should be included in family-staff conferences regarding a handicapped child is one which the parents must decide. The social worker can, however, help them make their decision. Various degrees of protective and dependent feelings, and sometimes sound understanding of what each child needs and can take, will enter into the parents' decision. What the conference is to be about will also enter in. If, for instance, this is to be the first interpretation of the diagnostic findings on the handicapped child, the parents may very well feel that they should come by themselves.

This leaves still to be handled the problem of interpreting the diagnosis to the other children. Usually parents will expect to do this themselves. In most instances, by the time they have come to the agency they have already established their own pattern for meeting children's questions, spoken or unspoken, about the defect, slow development, or strange behavior of a brother or a sister. They are most likely to continue to follow the same pattern to a large extent, although they may modify it in the course of their experience with the agency.

Even so, the parents may seek continuing or intermittent help with intrafamily relations. Such help may be given to them directly or in some other way. There are times, for example, when the parents will seek the worker's help in talking with an older child about a situation which has become very complex, which they feel they have been unable to interpret adequately or satisfactorily, or which has especially upset the child. Sometimes the child himself will signal his needs and a friendly conversation in the agency's playroom will lead into something more purposeful.

One 8-year-old girl, frankly acknowledged by her mother as "my right arm," was unable to remain away on any occasion when the parents brought her atypical younger sister to the office during an extended period of evaluation. She would at first express regret about missing play with her friends, but would then admit that she had insisted on coming because otherwise she would have felt anxious. She said she always liked to know what was going on. She did not, however, show interest in observing any of the evaluation procedures.

This child had a need to talk, and she showed that she thoroughly enjoyed and felt important in her role as second mother to the retarded child. She said she wished her mother would have another baby. Then she said that she enjoyed those aspects of her sister's condition which made her continue to be a kind of baby. She told of extremely conflicting feelings. On the one hand, the thing she wanted most of all was for her sister to "get better." On the other hand, she wondered what it would be like not to have a baby in the house after being used to one for so long. She said she thought about this problem every once in a while.

The child's parents had tried to explain to her that her sister was not going to get better suddenly or dramatically. In talking with her, the social worker reinforced what the parents had said. Unfortunately, there was much about her sister's condition that was diagnostically baffling. The parents had been reacting to conflicting professional opinion and had not been able to keep their rising and falling hopes from the older child.

In the course of time, this little girl has seemed gradually to accept the fact that great change in her sister's condition is neither to be hoped for nor feared. She spends less time at home now. Her mother feels less guilty and depends upon other sources for help.

Anne's Case

In other instances, we have felt it necessary to offer more formal and prolonged casework service to a sister or brother of a patient. There was, for example, Anne.

Anne was 12 years old when her parents asked for evaluation of her 5-year-old brother, Freddy, a severely retarded, spastic child who was hyperactive and extremely difficult to control. To an increasing extent the life of all members of the family was being geared to Freddy's needs.

Freddy had been on the waiting list for admission to one of the State training schools for about 4 years. However, the parents were not sure that this was what they really wanted. They had sought an evaluation of Freddy by the agency to help them make a decision and be prepared if the opportunity for admission occurred.

The workers first impression was that this was a very close family. All members, including Freddy, had a generally pleasing appearance. The mother looked careworn, but was very bright and controlled. The father, a clerical worker, was affable and mild in manner. He was extraordinarily patient with Freddy. Anne was pretty, serious, and even sombre.

Later it was discovered that she was capable of great animation. Her 8-year-old brother, George, had a ready smile.

Anne seemed to feel a great deal of responsibility for Freddy. The mother said that when Freddy wanted to be comforted he would go to Anne; when he wanted to play, he went to George.

The parents were direct in their discussion of Freddy, but they tended to deny their own deep feelings about him. While they accepted the offer of continuing service from the public health nursing consultant, they made only limited use of the agency's help. By the time of the staff-interpretation conference, they had about settled on residential care as the ultimate plan for the child.

In spite of their independence in planning for Freddy, these parents admitted a sense of inadequacy in regard to Anne. They said they knew that she was deeply concerned about the home situation, but that she would not talk to them about this. They eagerly accepted the offer of an opportunity for Anne to talk alone with the worker, and Anne also responded positively.

The social worker had four interviews with Anne. The girl used them primarily to ventilate her feelings. These related to her sense of being repressed at home, to her relations with each of her parents, to George and Freddy, and to friends at school.

Anne announced from the start that she had accepted the fact that the plan for Freddy was to go to training school. She seemed to look forward to it as possibly providing some relief and relaxation of the tension at home. Her understanding was that they would be able to bring Freddy home for visits frequently.

Anne expressed a sense of rivalry with her mother. She was convinced that she understood Freddy and that when her mother was not there to interfere she managed him well. She felt that he could be taught to do more for himself but that her mother lacked the patience for this. For instance, Freddy had not learned to wash his hands because if he dropped the soap he would have a tantrum and refuse to try again. Anne thought that he could be helped to learn by repetition, and she told of an instance in which he had, but this kind of procedure was very frustrating to her mother.

Anne said she thought that one possible advantage of the training school would be that Freddy would be taught how to develop his potential. She used part of one interview to ask about learning processes, and told of how she was able to apply some principles of child development she had learned in school. When asked if she thought her mother might be interested in knowing about these principles, Anne seemed to shrink. She said her mother would not converse with her on that level; that her mother regarded her as only another child.

Anne felt that she was different from her mother, stronger in that she did not talk about her troubles—"I'm more like Daddy." At the same time, she recognized that things were hardest of all for her mother because she was in the house all the time. She was pleased when her mother joined a sewing club.

Anne said she knew she was considered to be a serious person, but that this was only at home—"Outside I'm like everyone else." She expressed ambivalence about George and commented that he had a good understanding of Freddy, "More than I did at his age," and that "this probably will mature him mentally." She was frankly envious of George's ability to enjoy his own life to the full and of his imperviousness to scoldings.

George and Freddy would fight, and this distressed Anne. Their behavior interfered with her homework and for a while she was getting up at 5 o'clock every morning to study French.

Anne found real satisfaction in her relations with Freddy and in his response to her. She delighted in talking about him, and about what he liked to play. She liked to provide him with new experiences. One spring day she let him splash in the mud and she thought this did something for him. Her mother, who has very high standards of neatness, was upset.

Although she could see weaknesses in her parents and felt that in many ways she could do better, Anne was not entirely uncomfortable in her role in the family and in the protective structure which her parents had placed about all their lives. Although many of her observations and reflections showed capacity for independent thought, many of her concepts and values, and even expressions, reflected those of her parents.

An acute problem for Anne related to community attitudes toward Freddy. She found it hard to tell people about him and was especially afraid of telling her schoolmates. About 2 years previously, the family had moved to a suburb from the city. She found herself a newcomer in a school in which most of the children were from families of higher economic status than her own and, she thought, more secure socially than hers. There was one girl whom she admired very much. Once when retardation was mentioned in school this girl said, "But those children look awful." Nevertheless, Anne wanted to be liked by her. She held back from social opportunities out of shyness but accepted an invitation to the girl's home. She realized then that she was well accepted but she continued to fear that this would change if the family problem became known.

Anne thought that she would never have the courage to tell her schoolmates about her brother's condition herself, and that she would be considered deceitful if they learned about it in another way. She and the worker discussed this problem at great length, but Anne could not work out any entirely satisfactory plan for handling it. She was pretty sure that not many people in the community knew about Freddy, although a few of her new friends had seen him when they stopped at the home one evening to pick her up for a party. When the worker asked what their reaction to Freddy seemed to be, she said all they seemed to have seen was a cute little boy. He had looked appealing at the moment. He had just had his bath and was ready for bed. She was sure they had not noticed

anything. The girl about whom she was so concerned had not been in the group.

Anne's closest friend was a girl from her old neighborhood. She knew all about Freddy and about Anne's problems concerning him. Fortunately, Anne had been able to continue in a close relationship with this trusted friend.

When the worker asked Anne if she had ever had any experience of her own which would be useful to her in understanding the reactions of others to Freddy, Anne recalled that many years ago, before Freddy was born, a child visited the family who did not talk. She had not been aware then that there was anything else wrong but now she knows he must have been retarded. She and George played with him, and she remembers now that his parents seemed very pleased. The worker asked how she thinks of this person now. She closed her eyes and then said, "Someone nice." She said she was afraid, however, that some people are prejudiced against a retarded person before they even meet him.

At her third interview, Anne reported that her father had an opportunity for a job transfer which would have some advantage for him. It would mean moving out of the State. Her mother was not in favor of it, on the grounds that the family might suffer a financial loss in giving up the present home and acquiring a new one elsewhere, and also that the family needed to make sure of Freddy's continuing eligibility for admission to the training school for retarded children.

Anne said, however, she thought the real reason her mother was against the transfer was that she did not want to move away from friends and familiar surroundings. Anne did not know what her father really wanted to do, but she felt that he must want a change because for 18 years he had been working in close association with a person whom he "couldn't stand." This would be his last chance to change because he had declined a previous offer. Anne said she was feeling more and more puzzled at her father's way of giving in to everyone. She told about how he spent every Sunday driving two sets of relatives between their homes and her family's.

Anne was not quite certain what she preferred herself but she leaned toward the move. The problem of informing new friends about Freddy would come up again but perhaps she could make a different kind of start. She pointed out that although she knew about the question of the move and some of the circumstances related to it, she did not know just where her parents were in their thinking since they did not include her in making any decision of this kind.

At the next interview a few weeks later, Anne said that she did not know what the final decision about her father's job was or if it had yet been made, but she knew one thing was certain: whatever the family did and whatever happened in their house in regard to almost any thing would be what her mother wanted. She seemed a little relieved by her own ability to recognize that this was a fact of her existence.

Anne seemed less concerned about the home situation now and more about school. She groaned when she said that she sometimes felt that she would never get into college. The end of the school year was approaching, however, and she was looking forward very eagerly to a 3-day trip to Washington with a group to which she belonged.

At the end of this interview, Anne was not sure whether she needed to come to the agency again, so it was decided that the interviews would be terminated until she felt she wanted to resume them.

We have had no further direct communication with Anne. Her father was waiting as she left the office. In passing conversation, he revealed that the plan for job change had been definitely rejected.

A few months after this, Freddy was admitted to the training school. The mother reported that they had had to act on short notice and that perhaps this was good. She said she thought her husband was feeling the separation hardest of all. As for Anne, her mother said she seemed happier, "a changed girl."

Counseling service for the father was offered at this point but declined. The mother explained that she and her husband understood and valued the agency's interest but that they always felt that they should handle problems themselves as much as possible. She sent a message to the worker with the assurance, "We're doing all right."

The Meaning

Perhaps the agency might have given more help to this family, especially toward precipitating better communication among the members. The help which was provided, however, was in an area concerning which the parents recognized a need. It harmonized with the family's basic goals, although the parents' immediate goals were not identical.

For the girl, the agency's service provided an urgently needed outlet. In helping her, it released some of the tensions in the entire family. It also helped to increase the agency's own understanding of some of the problems faced in the homes of retarded children, the strengths which may be found in them, and the importance of giving them support.

Based on a paper prepared for a social workers' institute on mental retardation, sponsored by the Connecticut State Department of Health and the U.S. Public Health Service.

A study of child-rearing practices which reveals relationships between . . .

PARENTAL CONTROL AND PARENTAL LOVE

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SINCE THE TURN of the century, behavioral scientists have shown increasing interest in child-rearing practices. However, theoretical formulations from one period to the next have been in sharp contradiction. The proscriptions of early behavioral theory intended to prevent spoiling became the prescriptions of psychoanalytic and nondirective theory, in order to avert frustration and submission. The procedures advised by the behaviorist Watson in the early part of this century were specific and pertinent, but, according to later theorists, had injurious side effects on the young child. Watson's proscriptions on coddling and tending to the baby's comfort violated normal maternal desires to nurture their young. However, the theory of psychosexual development from which the later child-rearing ideology arose often frightened and bemused the conscientious parent who was cautioned to "behave naturally" but not to overstimulate, restrict, or express hostility toward her child.

Child-rearing theory of today has synthesized many of the central tenets of the conflicting theories of the past. In the past, Watson emphasized the control functions of child rearing while Freud and Rogers emphasized the nurturing functions. However, today's theories suggest that the lack of parental discipline may make a child insecure about parental love, and conversely that an unloving parent is not likely to successfully control her child's behavior.

This hypothesis and its reverse—that a combination of parental warmth and discipline produces a self-reliant, buoyant, self-controlled child—has received some support through an investigation undertaken in 1963 at the Institute of Human Development, University of California, Berkeley. The purpose of the study was to determine whether preschool children who are self-reliant, self-controlled, buoyant, and affiliative (Pattern I in the investigation) are reared by their parents in a different fashion from children who are discontented, withdrawn, and distrustful (Pattern II), or children who have little self-control or self-reliance and tend to retreat from novel experiences (Pattern III).

Thirty-two children who manifested these three prototypic social attributes to a high degree were selected for three study groups (composed of 13, 11, and 8 children) from among 110 normal preschool children, who attended the H. E. Jones Child Study Center at Berkeley, after 5 months of observation in nursery school and laboratory settings.

Based on research supported by a grant (MH–03991) from the National Institute of Mental Health, U.S. Public Health Service.

Parent-child interaction data were obtained by means of interviews, home visits, and structured observations. All parents whose children were chosen for the investigation cooperated in the study.

The interviews and observations were designed to obtain characteristic expressions of four interaction dimensions—parental control, parental maturity demands, parent-child communication, and parental nurturance.

Parental control refers to the socializing functions of the parent, that is, to those parental acts which are intended to shape the child's goal-oriented activity, modify his expression of dependent, aggressive, and playful behavior, and promote internalization of parental standards.

Parental maturity demands refer to the observed and reported expectations which the parent has of the child in intellectual, social, and emotional spheres, relative to the child's age, abilities, and past performance.

Parent-child communication refers to the extent to which the parent shares with the child her objectives for the child, solicits his opinions and feelings, exhibits attentive and patient interest in the child's efforts to communicate, and comprehends the child's perspective in adult-child interactions.

Parental nurturance refers to the predilection of the parent to perform the caretaking functions. Nurturance is composed of *warmth* and *involvement*. By *warmth* is meant the parent's personal love and compassion for the child expressed by sensory stimulation of the child, verbal approval, and tenderness of expression. By *involvement* is meant identification by the parent with the behavior and feelings of the child, her pride and pleasure in the child's accomplishments, and her conscientious protection of the child's welfare.

Conceptual Approach

Before going into the details of the study, it seems pertinent to describe the conceptual approach to parent-child relations from which it proceeds. This assumes that the physical, cognitive, and moral development of preschool children is largely a consequence of parental attitudes and child-rearing practices.

A child's energy level, vigor, and alertness are set not only by genetic structure but also by the diet and health regimen provided by his parents. The child's inherent cognitive potential is stimulated by a rich, complex environment—or inhibited by impoverished surroundings. He is taught language, how to interpret and use his experience, and how to reason logically. Parents also teach their children how to relate to others, whom to like and emulate, whom to avoid and derogate, how to express love and animosity, and when to withhold response. The child learns to aspire toward the noble and the ideal—or to be satisfied with the ordinary and the tangible. The child, by seeing himself through his parent's eyes, learns to know his own characteristics and what value to place upon his attributes.

Later, the child's self-image is enhanced, or otherwise altered, by the attitudes toward him of other adults and children. He is evaluated by these others without the leniency expected from loving parents. He is loved if he is lovable, enjoyed if he is personable, avoided if he is irritating, and humiliated if he is incompetent. He is evaluated and reacted to in ways determined by attributes which his parents have to a large extent already shaped, by their own actions or the actions of others whose influence upon the child they have invited.

Although it has been fashionable for some time to pretend that children are not, or at least should not be, their parents' creations, both research findings and common sense demonstrate that, with varying degrees of consciousness and conscientiousness, parents do in many ways create their children psychologically as well as physically. Children commonly model themselves after their parents. The parents' use of reinforcement, whether punishment or reward, will be effective to the extent that the underlying parent-child relationship becomes one of mutual love, respect, and trust.

Normally, as the child matures, the parent's current influence upon him diminishes and the influence of peers increases. However, the more the child has internalized the parent's value the more likely he is to seek parental guidance and to come to decisions which his parents can affirm. At the same time, the parent learns to trust his child sufficiently to learn, through him, the values and wisdom known best to the new generation.

The assumptions about the meaning of love implicit in the child-rearing models prevalent in the forties and fifties may have deterred parents from fulfilling certain important parental functions. Love was seen as coterminous with kindness, understanding, and self-sacrifice. Such "kind love" is passive with respect to its object, not requiring that its object become good, or knowledgeable, or disciplined—only that it be happy. It appreciates the child as he is and does not try to shape or alter his autonomous development. It is content with providing nourishment and under-

standing. It gives generously and demands little from the loved one.

The effect on the child of kind, understanding, self-sacrificing mother love may not be entirely salubrious. Once the child enters the larger community, the parents are forced to restrict or deprive. Accustomed as the child is to immediate need gratification and tension reduction, he suffers greater deprivation at such times than the child who is consistently disciplined by his parents. Acting as she is against her love ethic, the mother feels ambivalent about restriction and punishment.

Instances in which praise is used contiguously with punishment tend to nullify or reverse the deterrent effect of punishment. The use of praise in this way also tends to hamper the child in his ability to distinguish between good and bad acts. The parent's ambivalence and resultant guilt and self-depreciation may add to the child's burden of anger and frustration at being restricted or punished.

The mother who expresses love only by kindness, understanding, and self-sacrifice expects of the child, in relation to herself, a reciprocal, not an imitative, response. She permits the child to be selfish and demanding while she herself is not. If the child identifies with the mother's image of herself but is not punished when he behaves in disaccordance with it, he is likely to feel shame at what he is and conflict about what he should become.

Parental love need not be viewed as coterminous with kindness, understanding, and self-sacrifice, although these are among its ingredients. The parental love ethic may include authority, demanding of the parent active, vigorous interaction with the child. The authoritative mother rises actively to meet the developing adult within the child even as she enjoys his predominantly childlike qualities. Such a mother recognizes herself as a senior member of the family—one therefore required to be nobler, stronger, wiser, and more reasonable than the child. She recognizes that, as his creator, she has, in the eyes of her preschool child, divine attributes. Instead of denying this role, she tries to behave toward her child in a way that will justify the child's trust in her authority and maintain his respect even after he surrenders belief in her omnipotence.

The authoritative mother may use the experience of parenthood to become more admirable, to base her authority increasingly on reason and virtue and not on the child's relative impotence. Here authority has, as its aim, shaping the child in accordance with her image of the noble, the beautiful, and the best, and imparting this image to the young child as an initial model upon which he can create his own ideal.

Unlike the *authoritarian* parent, the *authoritative* parent maintains control without impeding the child's autonomous thrust, and encourages rather than suppresses free expression of divergent opinions. The authoritative mother does not mute the conflict which her demands upon the child, and his upon her, engender. But through it all, she asks for his best; she applauds the real, and stands for the ideal, until the child is ready to construct personal ideals which are consistent with the tasks of his own generation. The kind of parent-child conflict which is produced by authoritative parental love tends to free the child to know, and then surpass, his parents; to respect, yet finally overcome, their power and the precedents set by their generation.

The Study

On the basis of these conceptions our study hypotheses were as follows:

Effects of Parental Control. High parental control should be associated in the preschool child with high self-control, self-reliance, and buoyant mood, if parental nurturance is at least average for the population studied. Low parental control combined with higher nurturance should be associated with low self-reliance, avoidant behavior, and low self-control, in the nonclinic preschool child.

Effects of Parental Maturity Demands. The effects of high maturity demands upon the child's self-reliance should vary, depending on the degree of parental nurturance and parent-child communication. When the parents are highly nurturant and communicative, high maturity demands should increase the child's self-reliance. When the parents are non-nurturant or noncommunicative, high maturity demands should be associated with medium or variable self-reliance in the child. Low parental demands for maturity should be associated with low self-reliance and low impulse control in the child.

Effects of Parent-Child Communication. High parent-child communication should augment the effects of high control and high maturity demands on the child. It should contribute to the child's sense of well-being and his interpersonal competence, as do other manifestations of nonindulgent nurturance.

Effects of Parental Nurturance. Low parental nurturance will be associated in the child with discontent and withdrawn, distrustful behavior. High parental nurturance should accentuate both the posi-

tive effects of high parental control, and the negative effects of low parental control.

Specifically, it was predicted that:

1. When contrasted with other parents, parents of Pattern I (mature) children will be rated high in control, maturity demands, parent-child communication, and nurturance.

2. Parents of Pattern II (disaffiliated and discontented) children will demonstrate less nurturance than parents of Pattern I and Pattern III children, and less parent-child communication than parents of Pattern I children.

3. Parents of Pattern III (immature) children will demonstrate less control than parents of Pattern II and Pattern I children, and make fewer maturity demands than parents of Pattern I children.

Settings and Procedures

The interaction dimensions were defined operationally for the structured and natural settings. During the structured observation at the child study center, mother and child were offered teaching and play material designed to elicit theoretically meaningful behavior in standardized form but without interfering with the spontaneous interplay of mother and child. The home visit, on the other hand, permitted observation of all family members in a natural setting providing spontaneous instances of the phenomena later coded in prearranged categories. In both situations, natural and structured, an attempt was made to preserve the phenomena observed by the method of reporting and the system of categorization.

The Home Visit. The home is the most convenient natural setting in which to observe family interaction, the one which permits observation of all family members engaged in their customary pursuits and using familiar paraphernalia. Even with an observer present, members tend to demonstrate habitual response tendencies to the normal but urgent demands of home life at crucial periods during the day.,

The family was observed in the home during two periods selected to elicit a wide range of critical interactions under different conditions of stress. The first period, lasting from just before dinner to the child's bedtime, was chosen so that the family would be seen during a period of maximum interaction and stress. The second period, by contrast, was chosen by the mother as a time which she thought of as least stressful for the child and for herself. Each visit lasted 3 hours.

During the home visits, the observers described in detail those parent-child interactions in which one member attempted overtly to influence the behavior of another. All interactions were coded after the home visits were concluded. Control sequences and noncontrol sequences were identified. A control sequence consists, by definition, of two or more causally related acts containing a single message and involving the same two family members as participants in an interchange initiated by one of them to alter the behavior of the other and ending with the other's compliance or noncompliance. A noncontrol sequence has no initiator or outcome, but otherwise has the same definition. If more than two family members were involved in an interchange, sequences were scored for all pairs of participants separately.

Coded elements of the sequence included the participants; substantive message; degree of power and kind of incentive used by the parent to motivate the child; the manner in which the child complied or failed to comply; and, where appropriate, child satisfaction.

Three kinds of sequences were identified:

1. ***Parent-initiated control sequences,*** intended to control or alter the child's behavior or future capacity to act. In this type, the parent directs the child's behavior, impelling the child by power, incentive, or both. The child responds by complying or not complying. He makes a decision immediately, or following a number of interpersonal maneuvers with the parent who initiated the sequence. These maneuvers and the results, in terms of compliance and noncompliance, are called the control-outcome rating. The nature of the demand made upon the child determines the message code. The following is a Type I sequence in which the parent uses minimal power and the child complies after the parent persists:

> Mark gets up from the table.
> *Father:* "What do you say, Mark?"
> *Mark:* "I wanna go."
> *Father:* "What do you say, Mark?"
> *Mark:* "Excuse me, please."

2. ***Child-initiated control sequences,*** in which the child makes a demand of the parent with which the parent complies or fails to comply immediately, or after further interaction with the child. The following is a Type II sequence with which the parent fails to comply, although the child uses increasingly greater power:

> *John:* "Can I go out?"
> *Mother:* "Yes. Oh no, I guess you can't. I didn't realize how late it was."

John: "But why didn't you tell me the time?"
Mother: "You have to take a bath now."
John: "Please, Mother. (Crying, beseeching, being terribly cute.) I never get to go down the street."
Mother: "Not tonight, dear."

3. ***Parent-initiated noncontrol sequences,*** in which both parent and child participated without intending to alter behavior and usually for mutual pleasure. The following is a Type III sequence:

Mother: "Shall we have desert now?"
Everyone rushes to the table and the family chats amiably while eating.

The Structured Observation. The structured situations consisted of a teaching situation in which the mother was asked to teach the child elementary numerical concepts, using appropriate equipment and an attractive play situation in which the mother could interact or not with the child, as she chose. The play equipment included a miniature city, toy kitchen center, and water play materials.

The teaching situation was arranged in the playroom with the child facing the play materials. This had the effect of producing a divergence of interests between mother and child, thus eliciting instances of parental control which could be observed. During the structured observation, items of behavior describing the mother-child interaction were checked. Following the observation, the experimenter and an observing psychologist filled out summary ratings independently.

Conclusions

Selection procedures do not permit drawing obligatory causal conclusions from our data since the number of children and parents observed was restricted by the pattern requirements. Nonetheless, it appears from the data that parental control and nurturance interact collaboratively, and that a pattern of parental behavior high in control and high in nurturance is more likely to produce self-assertive, self-confident, and self-controlled behavior in young children than is any other pattern of parental behavior.

In other studies,[1, 2, 3] where contrary findings have shown parental control to be positively associated with discontent or dependence, the operational definition of control has generally emphasized severity of penalties, restrictiveness, parental disapproval, or lack of communication between parent and child. It is reasonable to conclude that one or more of these variables was the crucial antecedent resulting in discontent or dependency, as was the case with Pattern II parent-child pairs.

Parents of Pattern II children, when compared with parents of Pattern I children, fitted the usual definition of the authoritarian parent in that they reasoned less, inflicted severer penalties, used more disapproval, and were more coercive in their use of power. Since parents of Pattern I children were rated even higher in control than parents of Pattern II children, but were not rated as authoritarian or non-nurturant, it seems reasonable to conclude that the disaffiliation and discontent shown by these children resulted not from high control but from low nurturance, or authoritarian parental behavior, or both.

To the extent that our results are generalizable, self-sufficiency and impulse control in the child are not as affected by parental nurturance as by parental control, since Pattern III children, whose parents were markedly low in control but higher in nurturance, were low in impulse control and low in self-sufficiency, although they were not discontented and socially withdrawn.

The thesis can be supported, from these results, that the processes we call control and nurturance are synergic and that the approach designated as authoritative love integrates the two central parental functions of control and nurturance, so that these functions are perceived by parent and child as unified manifestations of parental love.

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The child needs strength to lean on, a shoulder to cry on, and an example to learn from.

Vice President Hubert H. Humphrey, at the National Conference on Day Care Services, Washington, D.C., May 1965.

An essay review . . .

CHILD REARING IN THE SOVIET UNION

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EVIDENCE of dramatic changes in the Soviet Union since the death of Stalin has stimulated an increasing interest on the part of Western observers in social and educational developments among the Russians. It therefore seems pertinent to review a number of recent books and articles dealing with aspects of family and child life in the Soviet Union.

It is difficult for an American to write a book about child rearing in the Soviet Union. Indeed, it is usually a difficult assignment to write about child rearing in any country except our own, and even then the careful analyst faces many a quandary. The number of dependable, comprehensive research reports on American parental conduct can be counted on the fingers of two hands—perhaps even one. To be sure, we have countless isolated small-scale reports on tiny behavior-bits in the mother (or father) and child interaction, and we have various vague attitude studies, but it would take a brave child development specialist to stand up and deliver a 45-minute address entitled: "This Is How American Parents Raise Their Children."

With respect to the Soviet Union, we do not even have the studies of behavior-bits and the vague attitude studies. What we do have is a massive assortment of hortatory and theoretical preachments. We are aware that the powers-that-be in the Soviet Union desire to bring forth a breed of "New Socialist Man" who will be a faithful son or daughter of "true Marxist-Leninist humanism," and that this new man will be recognizable by his excellent health, undeviating morality, clean sexual habits, love of labor, and vigorous team spirit. In other words, he will be exactly like a "good red-blooded American."

And that is about all that we do know. When it comes to how Ivan's mother brings up Ivan, we have only the faintest notion as to what goes on in those endless blocks of drab apartment developments on the outskirts of Leningrad, Kiev, and other towns in the Soviet Union.

Family Life

The Communist view on child rearing and family life resembles a pendulum swinging jerkily between a point on the left called "public" or "collective" care and a point on the right called the "humanistic family" or, perhaps, "genuine individuality" (certainly not "individualism"). Marx and Engels started it off with their iconoclastic reference to "bourgeois claptrap about the family . . . the hallowed relationship between parent and child"[1] followed immediately by their idealized references to a humanity united into a great and universal family in which all egoistic and exploitative relationships would have been abolished. In a recent study of marriages in the U.S.S.R., a Soviet sociologist hews to this time-honored Communist view by averring that a system based on private ownership stimulates the "motives depriving marriage of its very essence," and that the socialist system creates an atmosphere most favorable to love matches and unfavorable to the concept of marriages of convenience.[2] No evidence is offered to substantiate this view.

The traditional Marxist ideal of marriages of ideological purity and tender love, producing offspring to be reared in wholesome collective settings, and the considerable ambivalence within this ideal, has received perhaps its most characteristic and sophisticated expression in the writing of Anton Semvonovitch Makarenko (1888–1939), who in addition to being one of the most creative and innovative pedagogues of his day,[3] has some very perceptive things to say about the potentialities and pitfalls of family life.[4] Some acquaintance with Makarenko's writings is essential to grasping the official Soviet approach to childhood and the family.

Perhaps the best one sentence summary of the official Soviet line is this one: Children must be brought up socially and collectively, but the family must be intimately involved in the process. Precisely how this is to be done,

however, presents endless problems.

One thing, in any event, is clear. The vast majority of Soviet children are not being reared "collectively," but more or less according to the school-home pattern that prevails in our society. Despite the intention to make the boarding school (*shkola internat*) the universal institution of secondary education, even according to the most optimistic calculations, it will take until 1980 to bring one-third of the youth into these boarding schools.[5]

Child Rearing

Herschel and Edith Alt have undertaken the thankless task of explaining to American readers something about child care in the Soviet Union. During their first visit to the Soviet Union in 1956, they spent several weeks in the major cities investigating schools, health services, welfare institutions, and facilities for the retarded. The result was a volume,[6] both chatty and informative, which for the most part reaffirmed current and generally accepted viewpoints among American specialists on child welfare who are interested in child welfare in the Soviet Union, but which also opened up a number of important questions for speculation.

The Alts made a second trip to Russia in the summer of 1959, this time to probe in greater detail Soviet educational theory and the practical as well as theoretical approach to shaping the child's personality in the familial and social setting. Their second report[7] consists in large part of a theoretical discussion of the various effects of Communist ideology on the growth and development of the personality under conditions of urban living in the Soviet Union.

The book is written from a "mental hygiene" point of view. The authors believe that "the problem the U.S.S.R., no less than the capitalistic nations, faces at this time is essentially a psychological one." Many other observers of American as well as Soviet life would deny that this is the best definition of the essential problem, maintaining instead that the chief issues in both societies stem from economic, social, and political conditions that have pervasive effects on individual psychology.

A persistent refrain of the Alts' second volume is that Russian educational leaders and theoreticians are dogmatic, stubborn, and zealous in adhering rigidly to a one-track pursuit of goals; that the ideology is unyieldingly opposed to modification or revision; and that there is a refusal to make objective appraisals of basic educational theory and methods. But the Alts also cite numerous examples of changes, shifts in policy, dramatic reversals of school organization and curriculums, sweeping reforms, vigorously conducted debates in the press, and openly acknowledged clashes in viewpoint among prominent educational leaders.

The Alts maintain that the official Soviet policy is fundamentally distrustful of the family, and that it is baffled, confused, and unsettled in its attempt to leap over the parental home as the traditional child-caring milieu. At the same time, they point out that the Soviet Union supports a program dedicated to the proposition that the family is the basis of society and that the upbringing of children is a 50–50 partnership between home and school.

Like the Alts, other Western, particularly American, analysts of Soviet society have tended in the past to stress the more rigid and constrictive elements in Russian child-rearing and educational practice, of which there has been ample evidence. However, since the death of Stalin, there has occasionally come to the fore a more cautious viewpoint, one that emphasizes the cooperative and reflective elements in Soviet pedagogical theory. For example, an American psychoanalyst, reviewing the tenets of Western ego psychology as contrasted with the official Soviet psychology, concludes that both theories "have reached quite similar formulations re the relative autonomy of the adult personality and the moral responsibility of the individual."[8]

Educational Goals

Allen Kassof's study[9] of Communist youth organizations (Komsomol, Pioneers, and Octobrists) offers evidence that youth leaders do in large measures stress forms of autonomy and the moral responsibility of the individual, while placing chief emphasis on the inculcation of work and achievement values. Kassof concludes, however, that the liberalism of the post-Stalin era has not significantly altered the "traditional narrowness and inflexibility" of the youth program, nor does he believe that the day is yet near when Soviet youth will be granted true freedom and autonomy. Still, Kassof says that there is a positive aspect to the youth program in that—

> **. . . it gives official recognition to youth as a partner in the larger societal undertaking and thereby provides a sense of identification and purpose that so often is lacking among youth in modern societies. Granted that this recognition is in large part a disguise for an extreme form of tutelage by politicians and administrators, it is recognition nonetheless and should not be underestimated. Moreover, by dealing with youth in adult terms—that is, by insisting that young people function according to rules rather than in terms of an adolescent or youth subculture—it may be that the new generations are more readily incorporated into the "serious" concerns of a growing industrial order.**[9]

Nigel Grant has written a brief account of Soviet education in the no-nonsense and unbiased British manner, although perhaps a bit too much gets taken at face value. He sees much that is flexible, sensible, and useful in the Soviet approach to educating the young, but he concludes that from a British or American viewpoint "the rigidity of the Soviet school system is almost frightening."[10]

According to Grant, the educational reforms and the general political-cultural thaw have not served to relax discipline and stern moralizing: Children are expected to be very good indeed, undeviatingly conscientious, and never to challenge the Soviet teacher, who would be horrified at our notions of democratic planning in a pupil-centered classroom.

Despite the hazy Soviet statistics, we are probably justified in concluding that more American than Russian children get to see the inside of a schoolroom under the age of 7, although this may not be the case 20 years hence. The traditional Russian system of a granny (*babushka*) providing a large share of babysitting is still widespread. As for the problem of dropouts and educating "all the children of all the people," most observers now believe the situation is worse among the Russians than among us. It remains a curiosity of the past decade of American writing on Soviet education that we so greatly overrated Russian achievements.

That flesh-and-blood encounters are not necessarily superior to well-spent hours in the library is a thought that comes to mind when we read Helen B. Redl's eclectic collection of translations from the Russians.[11] One might

quarrel with some of the choices—there is no quarreling, however, with Fritz Redl's fine introduction on the perils of cross-cultural observation. On the whole the 15 selections—on discipline, sex education, the father's role, the family, boarding schools, children's literature, and moral and character training—are a suggestive survey of Soviet views on the child's place in society, especially if the reader does not always resist the temptation to read between the lines.

For example, in a 1925 essay of Krupskaya (Lenin's widow) one encounters the statement, "To create a definite plan of action and to proceed accordingly is very important, since we Russians have yet to develop the habit of planned work." Ah, one thinks to oneself, is that what so many of those early educational twists and turns have been about—to get the Russians "to develop the habit of planned work?" Thirty years later, Krupskaya's ingenuous comment stands in sharp contrast to the boastful claims of the educational planners and organizers writing today. Have they really achieved what they set out to achieve, or are they trying to give themselves the impression that they have?

The enormous task imposed on Soviet education in the aftermath of the Revolution becomes clearer when we consider the transformation in the class structure that has taken place over 45 years. Late in 1964, *Pravda*, the official organ of the Communist Party of the Soviet Union, published figures which showed that between 1928 and 1962 the number of blue- and white-collar workers rose from 17.6 percent of the total population to 73.6 percent and the number of collective farmers and cooperative craftsmen, from 2.9 percent to 26.3 percent; while the number of independent farmers and artisans dropped from 74.9 percent to 0.1 percent. Landowners, merchants, and "kulaks" disappeared altogether.[12]

Even allowing for the vagueness and inaccuracy of official Soviet statistics, these figures signify the emergence of an industrialized society, in which tens of millions of factory and office workers had to master the habits of Krupskaya's "planned work." The struggle for labor and productive efficiency goes on unabated. In a speech on Soviet agriculture early in 1965, the secretary of the Communist Party, L. I. Brezhnev, declared that the most satisfying and most noble undertaking is "to build a new discipline of labor, new forms of social relationships among people, new ways and methods of involving people in work. . . ."[13]

The essays in the Redl volume[11] clearly reveal that there is a tension between those educators who want to stress classic academic excellence in schooling and those who believe that the emphasis of the 1930's on academic preparation for work has been carried too far and now requires basic revision ("Our moral education leans more on words than deeds, and we use too few opportunities for socially meaningful work."). Thus, we have the reforms of the late 1950's, in part the push to develop the boarding school, "polytechnical" training, and the refurbishing of Lenin's slogan, "Let work and life be united," as applied to the schools.

Many of the essayists in the Redl collection have a penchant for flights of fancy on the beatitude that will prevail under the "new Communist future." In doing this, they sometimes give away the present: "Nervousness and irritability which our generation acquired during the war years will disappear." One surmises that a vast terrain, unknown to most of us, lies hidden beneath that sentence.

In a similar way, A. G. Kharchev, in a discussion of the future family in Soviet society, discusses the importance of the *internat*, but then passes on the following interesting information as a reminder to his readers:

> **It should be remembered that, as a result of war, the number of unwed mothers increased considerably. Thousands of children grew up fatherless. Though in principle the morals of communism are opposed to illicit relationships between men and women, these women cannot be judged harshly, since in the majority of cases their action did not stem from personal moral inadequacies but was a result of the tremendous decrease of male population during the war years in our country. Many unwed mothers are in great need of moral as well as economic support, which the community must give them. School internats for their children become one of the most important forms of help extended to them.**

Sex Education

The enlightened Victorian approach to childhood and family life, so often remarked on by students of Soviet society, is strongly conveyed by T. S. Atarov's essay on sex education, published in 1959, and thus fairly up to date as a reflection of the Russian viewpoint.

Since the October Revolution, declares Atarov, "family and marriage constitute the foundation of socialist existence," and citizens must be brought up to lead a morally and spiritually clean sex life and to understand the "true meaning of love." Sex education must be given naturally but sparingly. If the child asks too much, he must be "distracted." Foul language is a temptation to moral and sexual impurity and must be combated everywhere ("everyone must participate in the fight to keep our language clean") and public opinion, apparently somewhat lax in this regard, must be mobilized sternly. So also must public opinion be consolidated in the fight against alcoholism "which is also a fight for a normal sexual life."

The socialist battle against onanism is presumably being won, according to Atarov, but there is yet a way to go. Masturbation in children can be caused by hands under blankets, crawling or lying on the stomach, cynical conversations, observing sex life of animals, and isolation from the collective life. Children must be encouraged to be active in sports, to sleep on hard beds, and never to keep their hands under the blanket. Girls must also be careful when riding bicycles ("the edge of the saddle should not protrude between the vaginal lips . . .").

Advice to Parents

The writers in the "advice to parents" category have much to say that will be familiar to Americans concerned with parent education. In addition to the constant appeals to high morality, duty, conscience, honor, human dignity, love, and friendship, there is much stress on the need for consistency between school and home and the adults within the home, the dangers of casting the father in the role of the disciplinarian, the evils of corporal punishment ("physical punishment . . . is absolutely against the principles of Soviet education"), and the need to maintain individuality of tastes and high esthetic standards ("one cannot visualize Communist living as a poorly run rest home with a uniform menu").

There is the familiar commandment that parents should seek a golden mean between strictness and permissiveness,

Extreme theories about letting the child do anything he wants must be rejected:

There is a pedagogical point of view which believes in the so-called method of trial and error . . . if the child wants to touch the hot samovar, one should not try to stop him. He will burn himself and discover his error. . . . This point of view is fallacious. . . . The school and parent must guide the children, take all measures to prevent unruliness of children, fight disorganization with a pedagogically sound approach, and undertake measures of reward or punishment as needed.

On the other hand, too much laying down of the law, too much nagging is futile: "The great physiologist Pavlov showed that when the very same stimulus constantly hits upon the same brain cells, they are no longer irritated, and cease to react."

Perhaps none of the sources quoted in this review, or of the many not reviewed here which were published prior to 1960,[14-18] gives us a clear perspective on the actual cultural ingredients in the adult-child interaction across the vast expanse of rapidly evolving Soviet society. That is too much to expect of any single effort.

But these volumes certainly do make clear that, despite the many ways in which American and Soviet child-care practices differ, there is at least one kind of debate which is being conducted within similar terms in both societies: namely, the constructive debate on how we conserve and foster man's profoundest spiritual needs while at the same time making our headlong flight into the new world of breathtaking innovations and supertechnology.

Not all Soviet theoreticians or educators are as obsessed with sputnik as we might think. Perhaps the last word—which is at the same time the opening word—belongs to S. A. Shmakov from his essay "To Inspire Children" in the Redl volume:

To educate an individual, to develop his character and formulate his convictions is much more important than building cities, developing new machinery, and sending rockets into the cosmos.

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[3] Bowen, James: Soviet education—Anton Markarenko and the years of experiment. University of Wisconsin Press, Madison. 1962.

[4] Makarenko, A. S.: A book for parents (trans. Robert Daglish). Foreign Languages Publishing House, Moscow. 1960.

[5] Weeks, Albert L., Jr.: The boarding school. *Survey,* July 1965.

[6] Alt, Herschel; Alt, Edith: Russia's children: a first report on child welfare in the Soviet Union. Bookman Associates, New York. 1959.

[7] ———: The new Soviet man: his upbringing and character development. Bookman Associates, New York. 1964.

[8] Skolnick, Alec: Some psychiatric aspects of the "new Soviet child." *Bulletin of the Menninger Clinic,* May 1964.

[9] Kassof, Allen: The Soviet youth program: regimentation and rebellion. Harvard University Press, Cambridge, Mass. 1965.

[10] Grant, Nigel: Soviet education. Penguin Books, Baltimore, Md. 1964.

[11] Redl, Helen B. (ed. and trans.): Soviet educators on Soviet education. The Free Press of Glencoe, Collier-Macmillan, London. 1964.

[12] A state of all the people. *Pravda,* Dec. 6, 1964.

[13] *Pravda,* Mar. 27, 1965..

[14] Inkeles, Alex; Bauer, Raymond A.: The Soviet citizen. Harvard University Press, Cambridge, Mass. 1959.

[15] Levin, Deana: Soviet education today. John DeGraff, New York. 1959.

[16] Simon, Brian (ed.): Psychology in the Soviet Union. Stanford University Press, Stanford, Calif. 1957.

BOOK NOTES

PSYCHOSOMATIC DISORDERS IN ADOLESCENTS AND YOUNG ADULTS: Proceedings of a conference held by the Society of Psychosomatic Research in London (November 1960). Edited by John Hambling and Philip Hopkins. A Pergamon Press Book, The Macmillan Co., New York. 1965. 246 pp. $8.50.

According to the editors, the purposes of the 3-day conference reported in this book were two: (1) to "consider psychosomatic disorders occurring between the ages of 15–25 years" and (2) to "discuss the mental transformation from childhood to adult maturity." The participants, for the most part physicians, included general practitioners, gynecologists, obstetricians, pediatricians, psychiatrists, and psychoanalysts.

The book includes 17 papers presented in the conference's first 7 sessions, the ensuing discussions, as well as the comments made by 12 participants in a summing-up session.

The content proceeds from a focus on concepts of mental health and psychosexual development in adolescence, and the present-day social factors impinging on this, through consideration of the psychosomatic factors in specific physical states—pregnancy, menstruation, and specific illnesses, such as tuberculosis and acute appendicitis—to discussion of the "fitness" of today's youth to assume the obligations of maturity.

In the preface the editors issue a warning: "The passage of time will no doubt prove some of our conclusions to be of historical interest only, for our concepts and values are likely to be more culturally bound than we know. Perhaps in our very demands of maturity we are asking a price of human nature that will have to be paid in psychosomatic disorder."

CRISIS INTERVENTION: selected readings. Edited by Howard J. Parad. Foreword by Lucille N. Austin. Family Service Association of America, New York. 1965. 368 pp. $4.50.

The purpose of this collection of 29 articles, according to the editor, is to make available the "observations, theoretical explorations, and formal investigations of . . . practitioners and researchers who have addressed themselves to various aspects of crisis intervention." Warning that crisis intervention "is in a fair way of becoming

a fad," with oversimplified concepts and unrealistic expectations, he offers the volume as a collection of readings that "reveals the rich complexity and promise of the material" and may whet the appetite of the reader for more knowledge of the subject.

The 29 articles are grouped under the headings of theoretical explorations, common maturational and situational crises, clinical applications, and the measurement of crisis phenomena. Practically all the articles, dealing as they do with the family constellation in relation to crisis situations, touch in some way on the lives of children, and five articles specifically focus on children: "Social Work in a Preventive Program of Maternal and Child Health" (Florence E. Cyr and Shirley H. Wattenberg); "Kindergarten Entry: A Study of Role Transition" (Donald C. Klein and Ann Ross); "Short-Term Therapy with Adolescents" (Lovick C. Miller); "Children at Risk" (Elizabeth E. Irvine); and "Death Anxiety in Children with a Fatal Illness" (James R. Morrissey).

TEACHING THE TROUBLED CHILD. George T. Donahue and Sol Nichtern. The Free Press, New York. 1965. 202 pp. $5.95.

In support of the argument that "the half-million seriously disturbed children [in the United States today who are] the victims of congenital defect, brain damage, or personality disturbance" can achieve their maximum educational potential within the regular school system if appropriate help is provided, the authors devote the bulk of their book to a description of a project undertaken in 1959 in Elmont, N.Y. In this community the school system received the help of community groups in setting up special classes and adding 74 "teacher-moms" (women who have successfully reared healthy children) to the team of educators, psychiatrists, and psychologists concerned with emotionally disturbed children. Working under professional supervision, the teacher-moms supplement the work of the classroom teacher in a one-to-one teaching relationship.

Of the 31 children who were included in the Elmont project in the first 6 years of its operation, 21 have been returned to regular classes. The authors attribute much of the project's success to the teacher-mom's ability, through the development of an affective relationship, to give the children successful experiences in functioning, to the point where they began reaching out for new experiences.

MANAGEMENT OF EMOTIONAL PROBLEMS OF CHILDREN AND ADOLESCENTS. A. H. Chapman, M.D. J. B. Lippincott Co., Philadelphia, Pa. 1965. 315 pp. $9.50.

Written for general practitioners and pediatricians, this book offers physicians advice on detection and management of childhood emotional problems which may lead to mental illness. It stresses throughout the importance of "the three L's—*love*, *limitation*, and *let them grow up*." Part I focuses on the emotional needs of healthy children and the management of the normal adjustment problems of childhood and adolescence. It contains a special chapter on the problems of children whose parents are divorced.

Part II surveys the emotional disorders of childhood and suggests methods of management. It includes discussions of behavior problems, speech and learning disorders, psychosomatic illnesses, brain disorders, and the emotional problems of mentally retarded children.

Part III describes techniques for evaluating the child's problems and for counseling the parents and the child.

Part IV outlines the nature of psychiatric treatment available to emotionally disturbed and psychotic children.

READINGS IN THE ADMINISTRATION OF INSTITUTIONS FOR DELINQUENT YOUTH. Compiled and edited by William E. Amos and Raymond L. Manella. Charles C Thomas, Springfield, Ill. 1965. 212 pp. $7.75.

The 17 articles in this volume, all bearing upon the day-to-day operation of institutions serving delinquent children, are designed to assist individuals or organizations responsible for planning and administering institutions for juvenile offenders removed from the community by the courts.

The first article, "The Philosophy and Purpose of Institutions Serving Delinquent Children," by William E. Amos, one of the editors, is a general discussion of the mission of the modern treatment-oriented institution. It points out that, in 1962, about 65,000 arrested juveniles were committed to institutions. It then traces the historical development of the function of juvenile institutions from 1790 to the present, concluding that the aim of such institutions today is "the alleviation of symptoms and removal or modification of those forces, factors, or conditions which produced the delinquent act."

Chapters follow on the administrative structure of institutions, institutional committees, training, physical plant design, reception-orientation, cottage life, clinical services, recreation, food, clothing, and religious programs.

The final four chapters deal with the special problems of programming for the exceptional child; discipline and security; prerelease planning; and relationships between State agencies and juvenile institutions.

THE GIFTS THEY BRING: our debt to the mentally retarded. Pearl S. Buck and Gweneth T. Zarfoss. The John Day Co., New York. 1965. 156 pp. $4.50.

In the preface of this book, the authors say that its purpose is to supply evidence lacking in the literature that "the retarded have influenced our present activities and way of life." They proceed in the text to point to advantages to families and communities in assuming responsibility for retarded children: for parents "and their other children," an increased perception from their experience in loving a retarded child; and for the community, "remarkable results in benefits for so-called normal individuals." Among the latter they cite the results of research into fetal development, the measurement of mental abilities, and methods of learning undertaken out of a concern for the prevention and mitigation of retardation; and advances in community cooperation, understanding, and the development of leadership made as a result of concerted community and national efforts for mentally retarded children.

Taking the position that retarded children, whenever possible, should be kept within the family, the authors conclude: "It is not too much to say that what one family does with and for its retarded child in time may change the world."

AMONG THE STATES

The legislatures of every State met either in regular or special session during 1965 and had adjourned by late September, except for those of five States—*Kentucky, Massachusetts, New Jersey, Pennsylvania,* and *Wisconsin*—which had recessed pending fall sessions or were still in session. Among the many actions taken affecting children were those concerned with:

Mental Retardation

New laws requiring or permitting the testing of infants for phenylketonuria were passed in 24 States, thus bringing to 32 the total number of States with such laws, 25 of which are mandatory and 7 permissive. Laws relating to such tests were already on the books in *Illinois, Indiana,* and *Oregon,* where they underwent some revision this year, and in *Louisiana, Massachusetts, New Jersey, New York,* and *Rhode Island.* The States with new laws are: *Alabama, Alaska, California, Colorado, Connecticut, Florida, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Michigan, Minnesota, Missouri, Montana, New Hampshire, Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, Utah,* and *West Virginia.* Legislation to this effect was pending in *Wisconsin.*

Admission requirements to facilities were revised in *New Jersey, New Mexico,* and *Tennessee* to allow for voluntary admission of children to State mental hospitals or institutions for the retarded; and in *Oregon* to allow for the admission of mentally retarded persons of any age to State-supported group care homes, previously limited to children under 18.

Michigan and *Tennessee* also made provision for relieving parents of financial responsibility for hospitalization of a mentally retarded child after he reaches the age of 21.

The establishment of publicly supported regional diagnostic and counseling centers or clinics for the mentally retarded was authorized in *California* and in *Missouri.* The California Legislature also created a Mental Retardation Programs and Standards Advisory Board; established an office of coordinator of mental retardation programs; and made permanent a pilot child-care program for physically handicapped and mentally retarded children.

Laws providing for facilities or services for the mentally ill or retarded were also enacted in *Minnesota,* where funds were appropriated to rehabilitate a building for a project to train mentally retarded adolescents not admitted to special classes in local schools and for the establishment of new community mental health centers; in *New Hampshire,* where financial support was increased for community mental health centers, and for the education of mentally, emotionally, and physically handicapped children; in *New Mexico,* where the establishment of programs for trainable retarded children in public schools was authorized; in *North Dakota,* where cities and counties with populations of 5,000 or more were authorized to establish mental health and retardation services upon petition of 8 percent of their voters; and in *Utah,* where provision was made for the inclusion of community mental health centers and facilities for the diagnosis and treatment of mental retardation in a hospital construction program.

Day-care programs for mentally retarded children were authorized in *Kansas,* with State funds to be disbursed by the State Department of Social Welfare; and in *Minnesota,* through the levying of city taxes. In *Connecticut,* the State Department of Health was authorized to make grants to nonprofit organizations and hospitals for day-care programs for emotionally disturbed and mentally ill children.

Reorganization of administrative structure for the care of the mentally ill and mentally retarded occurred through legislation enacted in *Alabama* and *Texas,* each with a new department established with responsibility for State mental hospitals and institutions for the retarded: the Alabama State Department of Mental Health, and the Texas Department of Mental Health and Mental Retardation.

In *Iowa,* the legislature codified the laws regarding treatment, training, instruction, care, rehabilitation, and support of the mentally retarded.

In *Maine,* a statewide Committee on Problems of the Mentally Retarded was authorized to continue functioning.

In *Montana* and *Utah,* the State health departments were empowered to license and supervise facilities devoted to diagnosis, treatment, and care of persons suffering from mental disease or mental retardation.

Health Services

Definitions of "crippled children" in laws providing services to crippled children were broadened in a few States. In *Idaho* and *Montana,* broadened definitions permit children with cystic fibrosis to receive services through the State crippled children's programs, thus bringing to 37 the number of States (including the *Virgin Islands*) which serve children with this condition through their crippled children's programs. In *Kansas,* the legislature authorized services to children with cystic fibrosis through the health department's maternal and child health program. In *Kansas* and *Texas,* broadened definitions of "crippled children" now allow State crippled children's services to be extended to mentally retarded children, previously explicitly excluded.

Services to handicapped children also received attention in *California,* where the State Department of Public Health has been directed to determine the need for residential care of handicapped persons of normal mentality; in *Michigan,* where the once independent State Crippled Children Commission was transferred to the State Department of Health; and in *Missouri,* where the legislature created a coordinating committee for the handicapped.

Tuberculin testing was made a legal requirement for school entrance in *Kansas* and *Michigan;* and in *Kansas,* measles immunization was also made a requirement.

In *Washington,* the legislature appropriated $20,000 to the University of Washington School of Medicine to continue a study started in 1963 to determine the cause of sudden and unexplained deaths of infants.

State standard-setting or licensing responsibilities for health services were extended in *Illinois,* where the legislature permitted the State Department

of Public Health to categorize local health departments on the basis of current programs; in *New York*, where the State commissioner of health was made responsible for setting standards for care and facilities in all hospitals and nursing homes in that State; and in *Texas*, where the legislature provided for the licensing of maternity homes.

Drinking, smoking, and glue-sniffing among teenagers were the targets of legislation: in *California*, where the State Board of Education was directed to include material on the health hazards of tobacco in textbooks and teachers' manuals, and where controls were put on the sale of toluene and any glue or cement containing substances with similar toxic qualities; and in *Ohio*, where $91,000 of State liquor fees were earmarked for the State Department of Health to conduct an educational program on problems of drinking.

Family Planning

A number of States authorized the operation of family planning programs under public auspices. In *California* and *Michigan*, the legislatures directed that family planning services be included in public health programs for persons who voluntarily seek such services; and in *California*, a previous penalty for disseminating information about birth control for public health education was eliminated. In *Kansas*, the State Department of Health was directed to operate family planning clinics; *Colorado*, *Illinois*, *Iowa*, and *Nevada* authorized family planning services to be extended to recipients of public assistance; and *Oregon* earmarked funds in its public welfare appropriation for the purchase of contraceptive drugs and equipment.

In *Minnesota* and *New York*, laws were passed permitting the sale of contraceptives.

Adoptions

Laws affecting adoption were enacted or amended in the following States:

California, where the legislature permitted a public child-care or adoption agency to institute action to declare a child free from custody and control of his parents; provided for the confidentiality of records, private hearings, right to counsel, and procedures to inform the parties in proceedings for termination of parental custody; eliminated the necessity of getting consent to adoption from a child's father if he has not supported the child for a year or from the mother of a child in an agency's care if she has not been heard from for a year; increased the fee which counties may charge for adoption services to a maximum of $500; and provided that an adopted child and his adoptive parents shall have the legal relationship of parent and child, with all the rights and duties thereof.

Georgia, where the legislature permitted courts to provide for confidential handling of birth certificates after adoption is decreed; and allowed for the place of birth of an adopted child to be named either as the actual county of birth or the county in which the adoptive parents reside.

Hawaii, where measures were passed to protect those providing medical care for children placed for adoption from unwarranted suits by legal parents.

Indiana, where the Welfare Act was amended to permit county welfare departments to charge a fee of not more than $300 for an adoption placement.

Minnesota, where the legislature exempted from a statute prohibiting the importation of children into the State, children brought in by relatives intending to adopt them or provide them with foster care; made it unnecessary for identifying information about a child and his natural parents to be filed in an adoption petition involving a placement by an authorized adoption agency; permitted the guardian of a child born out of wedlock, or the child himself after he is 21, to obtain a certified copy of his birth certificate without the necessity of a court order.

Nebraska, where the legislature defined procedures for a legal consent to adoption and for relinquishment of the child.

Nevada, where the adoption law was revised to require a preplacement study of adoptive homes by an authorized agency in all unrelated independent adoptions.

Oklahoma, where new legislation makes the State the 12th to require termination of parental rights by judicial action, and the 25th with penalties established for black market adoption placements. (Such penalties have also been provided for in the *District of Columbia.*)

Oregon, where provision was made for the petitioner for adoption, or "some other suitable person," to be appointed guardian of a minor while adoption is pending.

Texas, where the legislature added new safeguards to protect the confidentiality of adoption records; and permitted licensed child-placing and adoption agencies to charge reasonable fees for social services.

Utah, where the legislature made it optional rather than mandatory for the kindred of a child deserted by his parents to be notified of adoption proceedings; permitted adoption of a child by stepparent without an investigating report by the State Department of Public Welfare; and permitted any authorized or licensed children's agency to release its control and custody of a child to another licensed agency.

West Virginia, where the legislature permitted revocation, within 10 days after a child's birth, of parental consent for adoption, or relinquishment of legal custody, given before the child was 72 hours old.

Family and Juvenile Courts

In a number of States—*Hawaii*, *Illinois*, *North Carolina*, *North Dakota*, *Utah*, and *Vermont*—the legislatures established new courts or reorganized their State court systems.

In *Hawaii*, a new statewide family court will process cases involving divorce, separations, annulments, nonsupport, child custody, adoptions, neglect, and juvenile delinquency; and will have exclusive jurisdiction in cases of law violations involving offenders under 18 and concurrent jurisdiction with the criminal court in cases involving minors (under 20) who are already under a family court order.

In *Illinois*, juvenile court procedures were revised through a new juvenile court act which also provides for probation, social services, and psychiatric personnel and authorizes counties to levy a tax in connection therewith.

In *North Carolina*, children's cases, except for adoptions, were put under the jurisdiction of the district court and provided full-time judges; adoption cases remain under the clerk of the superior court.

In *North Dakota*, family courts were established as divisions of district courts.

In *Utah*, the juvenile court was separated from the State Department of Public Welfare and established as a

statewide court at the district court level, with a Juvenile Court Commission: the judges to be appointed by the Commission.

In *Vermont*, a district court system was created to replace municipal courts.

The ages of children subject to juvenile court jurisdiction were changed in a number of States: *Arkansas*, where the maximum age was lowered from 21 to 18; *Kansas*, where it was raised to 18; *New Hampshire*, where it was lowered from 18 to 17; and *Texas*, where it was set for girls at 18, and for boys at 17, with the courts being given permission to transfer young people of 16 or over to other courts if the offense would be a felony if committed by an adult or if the court deems it to be in the best interest of the child.

The *Arkansas* Legislature also provided that any referee appointed by the juvenile court shall have power to hear and pass on juvenile cases.

Juvenile court laws were also amended in *Alabama*, to require juvenile court probation staff in certain counties to be certified by the Department of Pensions and Security; in *Iowa*, to recodify the courts' functions and procedures and specify State and county welfare departments as agencies available to them for assistance in rehabilitating families and children; in *Kansas*, to provide for commitment of dependent or neglected children to the county only if parental rights are not severed; in *Nebraska*, to permit minors to be released on bail, and to prohibit the detention of minors in jails or police stations; in *Oklahoma*, to require a county or juvenile judge to have a complete case history of each juvenile brought before the court as delinquent; and in *Oregon*, to include untreated illnesses as a criterion for bringing children under the jurisdiction of the juvenile court as dependent and neglected.

Support

Laws to enforce support from fathers of children receiving public assistance were passed in *New Mexico*, where the State Department of Public Welfare was authorized to bring court action; and in *Texas* where the welfare department was empowered, through the enactment of a Uniform Reciprocal Enforcement of Support Act, to join with other States to obtain support from fathers.

In *Illinois*, the Department of Children and Family Services was empowered to take legal action against parents or guardians who refuse to make the payments due the department for their children's care.

In *Utah*, the legislature made fathers as liable for the support of a child born out of wedlock as for a child born in wedlock; and established procedures to determine paternity.

Interstate Compacts

Iowa, *Kansas*, *Texas*, and *Wyoming* entered the Interstate Compact on Juveniles, bringing to 41 the number of States which have joined this compact for returning adjudicated juvenile delinquents to their home States.

New Hampshire entered the Interstate Compact on Placement of Children, bringing to 8 the number of States in this agreement for providing services to protect children placed in foster care across State lines. (Legislation to this effect was pending in *Pennsylvania*.)

Protection and Welfare

Twenty-six States passed new laws requiring or encouraging the reporting of suspected child abuse, thereby leaving *Hawaii*, *Mississippi*, and *Virginia* as the only States without such laws. Of the 47 States with such legislation, 41 have mandatory reporting laws, while 6 have permissive laws designed to encourage reporting by providing immunity from liability for persons reporting under the statute.

In *Connecticut*, the commissioner of the State Welfare Department was authorized to furnish protective services for neglected or abused children, and a penalty was provided for unauthorized removal of a committed child from a foster home. In *Georgia*, penalties for child abandonment were increased; and the Department of Family and Children Services was appropriated funds to establish six diagnostic and treatment centers for children referred by juvenile courts.

Protections for children in divorce were provided in *Hawaii*, where interlocutory decrees in cases involving children were made mandatory.

Seven States—*Maine*, *Maryland*, *Massachusetts*, *Montana*, *Nevada*, *New Hampshire*, and *South Dakota*—passed laws requiring the licensing of facilities for the day care of children, thus bringing to 49 the number of States (including the *District of Columbia*, *Puerto Rico*, and the *Virgin Islands*) requiring licensing of day-care centers or family day-care homes, or both types of arrangements.

In *Illinois*, the State Department of Children and Family Services was authorized to license facilities for child care according to three classifications, based on the presence or absence of casework and diagnostic and treatment service.

In *Illinois*, agricultural labor camps operating less than 3 weeks, formerly exempted from health department licensing, were brought under the licensing requirements; and in *Michigan*, all agricultural labor camps became subject to licensing by the State Department of Health.

Provisions to permit State welfare departments to purchase care for children in their charge from licensed children's institutions or licensed or approved foster-family homes were made in *Kansas* and *Montana*; and in *Oregon*, $1 million was appropriated for purchasing care from private child-care institutions.

In *Indiana*, the Juvenile Court Act was amended to allow for increased per diem payments for foster care of children, to $4 for boarding home care and $6 for care in county-operated child-caring institutions, and eliminated the per diem limit for care in a private institution.

In *Iowa*, the State Board of Control in cooperation with the State Conservation Commission was authorized to select boys from the State training schools for work in State parks, preserves, and other State-owned lands.

In *West Virginia*, the legislature transferred responsibility for juvenile parole supervision from the Department of Welfare to a new Division of Corrections in the Office of the Commissioner of Public Institutions.

Public Assistance

Ten States enacted legislation to extend the eligibility age to 21 in the program of aid to families with dependent children for children who are successfully pursuing a course of study or training: *California*, *Maine*, *Montana*, *New York*, *North Carolina*, *North Dakota*, *Ohio*, *Tennessee*, *Washington*, and *Wyoming*. Two other States also extended the AFDC age of eligibility for children successfully pursuing a course of study or education: *Louisiana*, to age 19; and *Iowa*, to age 20.

In *Texas*, the legislature proposed a constitutional amendment which would extend the eligibility age for children in the AFDC program to 21 and would authorize medical care for "needy children and the caretakers of such children."

Nebraska and *Wyoming* were authorized to extend their Federal-State public assistance programs to children of unemployed parents, thus bringing to 24 the number of States with such authority. (Similar bills were still pending in *New Jersey* and *Wisconsin*.)

In *Connecticut*, *Iowa*, and *Wyoming*, the State welfare departments were authorized to make payments for foster care for children in the AFDC program who are living with nonrelatives.

Maine eliminated its residence requirements for eligibility to public assistance.

Studies and Structure

Special studies were ordered by the legislatures of *Arkansas*, *Illinois*, *New York*, and *Vermont*: a study by the Arkansas Legislative Council of the feasibility of placing the State's four training schools for delinquents under a central authority; a 2-year study of public health by an Illinois legislative commission established for the purpose; a study of child-care needs and services in New York by a joint legislative committee on child-care needs; a study of social welfare problems by the Vermont Legislative Council.

State committees on children and youth were authorized to continue functioning in *Maine* and *New Mexico*; and in *North Dakota*, the Committee on Children and Youth was made part of a newly established Governor's Council on Human Resources.

In *Colorado*, the child welfare division in the State Department of Public Welfare was renamed the Division of Children and Youth.

—Jean Lang

FILMS ON CHILD LIFE

Charges for rental or purchase, not given because they change, may be obtained from distributors.

INCIDENT IN WILSON STREET. 51 minutes; sound; black and white; rent or purchase.

This film shows the interacting responses of fellow pupils, teachers, the principal, and a father to an "incident" created in an elementary school class by a young girl with a physical handicap (cleft palate). Provides insight, through this example, into the problems of emotionally disturbed children and how to help them.

Audience: Inservice and preservice social workers, mental health specialists, teachers, churches, and intergroup organizations.

Produced by: McGraw-Hill Text-Films.

Distributed by: McGraw-Hill Text-Films, 330 West 42d Street, New York, 10006.

CHILDREN AT PLAY WITH POISON. 10 minutes; color; sound; purchase or loan.

An animated cartoon with three children as the principal characters, this film points up the hazards of poisons in the home and stresses the need for precautionary measures to protect children from serious or fatal injury.

Audience: Parents, safety clubs, semiprofessional groups interested in safety, community organizations, and public health agencies.

Produced by: Creative Arts Studio for the Public Health Service, U.S. Department of Health, Education, and Welfare.

Distributed by: Creative Arts Studio, Inc., 814 H Street NW., Washington, D.C. For loan from the National Medical Audiovisual Facility, Atlanta, Ga., 30333.

HIGHLIGHTS OF THE 1965 WHITE HOUSE CONFERENCE ON EDUCATION. 20 minutes (35 mm. filmstrip with 3¾ ips and printed script); color; purchase.

Presents some of the highlights of the 1965 White House Conference on Education, July 20–21, and illustrates some of the major issues discussed. The script gives excerpts of the statements of some of the speakers—including President Johnson, Vice President Humphrey, and John Gardner, now Secretary of Health, Education, and Welfare, and of panelists and audience members, with continuity narrated by news commentator Howard K. Smith.

Audience: General public, student-teachers, teachers, school administrators, school boards, PTA's, and legislators.

Produced by: Publications Division, National Education Association.

Distributed by: National Education Association, Publications-Sales Section, 1201 Sixteenth Street NW., Washington, D.C., 20036.

AUDITORY SCREENING FOR INFANTS. 15 minutes; sound; color; purchase, rent, or loan.

Emphasizes inclusion of an auditory test in the routine examination of infants from 8 to 10 months old, using a 2-minute screening method known as the distraction technique. The first part of the film shows the responses of 6 infants 24 hours to 6 month old to stimuli found in a baby's world, calibrated for sound frequency and intensity; the second part depicts the application of the distraction technique to 4 infants 8 to 10 months old and shows their reactions.

Audience: Physicians; nurses; health departments and medical and nursing schools; schools of public health; and speech and hearing centers.

Produced by: Child Growth and Development Study, Johns Hopkins University; and the Division of Maternal and Child Health, Maryland State Department of Health

Distributed by: Bureau of Preventive Medicine, Maryland State Department of Health, 301 West Preston Street, Baltimore, Md., 21201.

HERE AND THERE

Homemaker Services

Five hundred people from 19 countries attended the International Congress of Homehelp Services, held in Königstein/Taunus, Federal Republic of Germany, September 8–11, 1965, under the auspices of the International Council of Homehelp Services.

With the theme of the Congress, "Homehelp, A Modern Social Profession," a number of speakers—including the U.S. Commissioner of Welfare, Dr. Ellen Winston, and Dr. Rudolf Pense, of Frankfurt/Main, Germany, who summarized the work groups—stressed the place of a homemaker service (or a homehelp service, as it is called in Europe) as a link in the chain of social services needed in every community.

In her address, Dr. Winston described the use of homemakers in this country as part of a homemaker-caseworker team to help deprived families raise their levels of living, by demonstrating methods of home management and child care and by helping the families to make the most of whatever resources are available to them. Ensuing discussions indicated that the collaboration between caseworker and homemaker as well as the teaching and demonstration aspects of homemaker service are further developed in the United States than in many other countries.

On the other hand, reports by representatives of other countries revealed that European countries are far ahead in providing and training homemakers and in the degree to which the service is generally accepted. For instance, a representative of Great Britain, a country with a population of 52.5 million, reported that her country has some 58,000 homehelps. Dr. Winston had said that in the United States, a country with a population of 191 million, about 5,000 homemakers are made available by voluntary and public agencies.

Discussions on training and working conditions—including rates of pay and fringe benefits—indicated that the occupation of homehelp is regarded in many countries as a respected career for young women who attend schools for special training. An illustration of this was available in the presence of many young women as Congress assistants, all of them students of German schools which train homehelps.

The Council selected Brussels, Belgium, as the setting of the next International Congress, tentatively set for 1969.

Proceedings of a previous congress sponsored by the Council in Paris in 1962 have recently been published in English by the Welfare Administration, U.S. Department of Health, Education, and Welfare. (WA Publication No. 10; 30 cents, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402.)

Professional Training

Sixty-three schools of social work and three other educational institutions were awarded a total of $3,578,579 in Federal funds through the Children's Bureau in fiscal year ending June 30, 1965, to help train child welfare workers.

The awards—almost double the amount awarded in fiscal year 1964—were the third annual series of child welfare training grants.

Of the total, $1,799,155 was awarded for 535 traineeships at the master's degree level and 28 traineeships at the doctoral level, the trainees to be selected by the schools; $1,550,679, for 106 teaching grants, 87 of which will support field instruction units and 19 classroom teachers in child welfare; and $228,745, for short-term training activities for persons already working in the field of child welfare.

Child Health

Examinations of the dental, eye, and thyroid conditions of 2,000 public school children in Washington County, Utah were begun on September 17, as part of a long-term investigation to determine the effects on child health of radiation received from fallout from nuclear tests carried out during the 1950's at the Nevada Test Site. The investigation, which is being conducted jointly by the U.S. Public Health Service, the Nevada State Department of Health and Welfare, and the Utah State Department of Public Health, began in 1959 with a study of leukemia deaths occurring in Nevada and Utah. It was expanded in 1963 to include thyroid and bone cancer and congenital malformations. The attempt is to learn whether there is a statistically meaningful difference between the incidence of these conditions in children in areas which received the greatest fallout and in children elsewhere.

An equal number of school children in Safford, Ariz., are being examined as controls in the current thyroid study.

In addition to examining the children in this study for effects of radiation, scientists are testing, for other purposes, the children's ability to taste or smell certain chemicals. This is part of a scientific effort to accumulate information on the physiological associations related to such abilities, and so to test the theory that the ability to smell specific odors may represent a new set of genetic patterns similar to the human blood groups. According to scientists at the National Institutes of Health, if this theory proves valid, it would be of great value in the study of human genetics.

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The New York Service for Orthopedically Handicapped, New York City, recently received a 3-year grant of $180,000 from the National Institute of Mental Health, to study a new method of integrating orthopedically handicapped children into community life through participation in after-school programs at neighborhood centers and settlement houses.

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The National Institute of Allergy and Infectious Diseases, Public Health Service, recently awarded to a commercial firm a $214,000 contract for the development of a vaccine against the respiratory syncytial virus, the most significant single agent responsible for severe and sometimes fatal respiratory disease in infants, especially those under 6 months of age. In their work, the researchers will make use of the Oak Ridge (Tenn.) National Laboratory's "zonal centrifuge," which was developed collaboratively by the National Insti-

tutes of Health and the Atomic Energy Commission. The NIAID estimates that development of an effective vaccine against this virus might eliminate many of the annual 10,000 infant deaths attributed to acute respiratory disease, including pneumonia.

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Four new leaflets on epilepsy have been issued by The Epilepsy Foundation, 1419 H Street NW., Washington, D.C., 20005: "A Survey of State Laws," "Epilepsy and Insurance," and English and Spanish versions of "Answers to Some of the Most Frequently Asked Questions about Epilepsy."

Copies are available free from the Foundation.

For Youth

Eight persons from seven countries in Africa, Asia, and South America came to this country for 90 days, between August 16 and November 8, 1965, for the second annual seminar on leadership training for youth activities, sponsored by the Children's Bureau in cooperation with the Agency for International Development. The first seminar, held in 1964, was attended by 14 persons from 9 countries.

Each year, the group spent the first 3 weeks in Washington, D.C., attending lectures at the Washington International Center, and observing youth-serving agencies in the area, before going to other cities to observe the activities of similar agencies. This year's group spent 3 weeks in Boston under the supervision of the Boston University Law-Medicine Institute observing local services for youth; a week in New York observing the planning activities of national voluntary agencies; and a week in Pennsylvania under the supervision of the Pennsylvania State Department of Public Welfare observing rural services for youth.

Afterward, the participants were individually assigned to local youth-serving agencies in Michigan, Colorado, New Jersey, Connecticut, and Missouri, where they studied programs with activities applicable to their own countries. Before leaving the United States, they returned to Washington, D.C., for reporting and evaluation.

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Twenty-five teenage girls in Raleigh, N.C., completed a course in babysitting last summer, sponsored by the Home Life Department of the Junior Women's Club of Raleigh. The girls had 14 hours of instruction and 16 hours of supervised babysitting. A pediatrics nurse and staff members of the local chapter of the American Red Cross, the YWCA, and fire and police departments assisted in the project. On completion of the course, each girl received a certificate and a copy of the Children's Bureau publication "When Teenagers Take Care of Children."

The club expects to offer the course again next summer.

Research on Learning

A research and development center for the study of the learning potential of children between the ages of 3 and 12, from all social and economic levels, is being established at the University of Georgia under a 5-year contract with the U.S. Office of Education. The university is to receive about $3,200,000 in Federal funds for the project over the 5-year period and spend $1,808,454 of its own funds.

The center will study the limits of learning and attempt to establish new norms for learning; develop and test new curriculum materials that may be helpful to early and continuous intellectual stimulation; and distribute reports of research findings and materials to elementary and secondary school teachers and administrators, with the aim of improving educational practices and policies.

The center will also study the administrative organization of schools; attempt to clarify the role of guidance in the elementary school; and appraise new methods of teaching reading, particularly early reading.

Other research and development centers supported by the U.S. Office of Education are at the University of Wisconsin, Harvard University, the University of Pittsburgh, the University of Oregon, Stanford University, and the University of Texas.

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The Toy Manufacturers of the U.S.A., Inc., has made a grant of $12,000 to Wheelock College, Boston, for a study of early childhood learning, with the aim of finding out how toys aid in the development of children. Concurrently, the American Toy Institute, a research organization receiving support from the toy association, is cooperating on two other projects: a study to measure the usefulness of toys in working with mentally retarded children; and a study of the use of toys in providing children of lower income, urban families with preschool experience that will enable them to enter regular first-year programs.

Against Delinquency

Encouragement of the wider use of policewomen in police work with juveniles is a major objective of a yearlong series of workshops which got under way last summer under the sponsorship of the International Association of Chiefs of Police. The project is supported by an $80,014 Federal grant from the Office of Juvenile Delinquency and Youth Development which was made in cooperation with the President's Committee on Juvenile Delinquency and Youth Crime.

Planned to help police departments develop sound procedures for dealing with juveniles, the workshops are bringing together representatives of law enforcement agencies, including policewomen executives, from across the country. They are focusing on the development of training programs and materials for work with juveniles, with emphasis on expanding the functions of policewomen in juvenile work.

The practice in some police departments of assigning policewomen to interview delinquents and make investigations of family circumstances and other factors which may contribute to delinquent behavior is being used by the workshops as a training model.

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Several recommendations for dealing with the problem of employers' resistance to hiring young people with police records emerged from a workshop on arrest records and youth employment held in San Francisco last spring, under the sponsorship of the San Francisco Committee on Youth, United Community Fund of San Francisco. Attended by about 80 representatives of business and industry, government agencies, unions, social agencies, and courts, the workshop grew out of difficulties met by the Hunters Point-Bayview Youth Opportunities Center in trying to place newly trained youth in employment. The center, a demonstration project to improve the employability of school dropouts in one of San Francisco's "poverty pockets," has found that 50 percent of its trainees have police records.

After discussions which stressed the wide range of meanings in an arrest record—"from mistaken identity and minor offenses to serious offenses"—and the potential industrial contribution of rehabilitated young people, the conferees urged that:

- The "story" of arrest records and youth employment problems be brought to the attention of employers at the policy level.
- The question on employment applications, "Have you ever been arrested?" be changed to "Have you ever been convicted?"
- Arrest records for minor offenses be sealed after a 1- or 2-year interval instead of the present 5-year interval.
- Employers look to probation and parole officers for help in evaluating potential employees with records of arrest.
- Auto pool-bonding principles be applied to employees with arrest records, to spread the risk among bonding companies.

Mimeographed proceedings of the workshop are available from the United Community Fund of San Francisco, 2015 Steiner Street, San Francisco, Calif., 94115.

Migrant Children

Twenty-three children of agricultural migrants in Columbia County, Pa., received daytime care in the homes of local families last summer, under the sponsorship of the Pennsylvania State Department of Public Welfare. The children, all Negro children under 3, were the first to be placed in family day care in the Department's 11-year-old program for migrant children supported by Federal child welfare services funds. Approximately 300 other migrant children of all ages were cared for in day-care centers conducted by the Pennsylvania State University, under contract with the Department. Each center contained at least one welfare worker and a teacher qualified in early childhood education.

The pilot projects in family day care were extensions of a day-care center at Bloomsburg. The day-care families, six white and one Negro, were recruited by the centers' welfare workers and reimbursed by the Department for their child-care services. The Department provided staff to take the children to and from their family day-care homes each day by bus.

In Adams County, Pa., the day-care center for migrant children was conducted last summer in a new building, constructed for the purpose by the local fruit growers association. Plans are to use the building for a community center in nonmigrant seasons.

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Three new health education films for Spanish-American migrant farm families have been released by the Public Health Service: "*Un Lugar mas sano en que Vivir*" ("A Healthier Place to Live"); "*Mantengase Limpio—Conserve su Salud*" ("Keep Clean—Stay Well"); and "*Comida Sana*" ("Safe Food"). They are available in color and in black and white, for loan free of charge from the PHS Audiovisual Facility, Atlanta, Ga., 30333. The Facility will also supply information about purchase.

Guides and Reports

CASEBOOK AND PROCEEDINGS: SEMINAR ON THE BATTERED CHILD SYNDROME. Community Mental Health Services, Division of Institutional Management, State Department of Social Welfare, Topeka, Kans., 66612. 1965. 69 pp. Copies free on request from Community Mental Health Services, Kansas State Department of Social Welfare.

Includes case histories and papers pointing up the various medical, legal, and social aspects of child abuse, and their meaning for the community's design for coping with the problem.

STANDARDS FOR HOMEMAKER-HOME HEALTH AIDE SERVICES. National Council for Homemaker Services, 1790 Broadway, New York, 10019. 1965. 48 pp. $1.

Defines principles for organizing and operating a community service to provide homemakers (or health aides) to families or individuals—whether through an independent agency or a unit of a social or health agency—drawn up by a committee representing 17 national health and welfare agencies.

PUBLIC WELFARE RESPONSIBILITY FOR CHILD PROTECTIVE SERVICES. Children's Division, The American Humane Association, P.O. Box 1266, Denver, Colo., 80201. 1964. 22 pp. 25 cents. Quantity discounts on request.

Three papers discussing the legal, financial, and community problems that hamper the promotion or expansion of protective services for children under public welfare auspices.

RURAL YOUTH IN A CHANGING ENVIRONMENT: Report of the National Conference of Rural Youth in a Changing Environment, at Oklahoma State University, Stillwater, September 22–25, 1963. Edited by Ruth Cowan Nash. National Committee for Children and Youth, 1145 19th Street NW., Washington, D.C., 20036. 1965. 345 pp. $2.50 plus 25 cents postage. Discount prices on bulk orders.

Reports on the composition, origin, and focus of the conference, and includes an analysis of a nationwide study of the problems, attitudes, and aspirations of young people in rural areas; full texts and summaries of addresses by Government and State officials, educators, and others; the recomendations; and an appendix with a report of followup activities throughout the Nation.

YOUTH'S SEARCH FOR IDENTITY; a psychiatrist looks at youth work. Alexander Reid Martin, M.D. Boys' Clubs of America, 771 First Avenue, New York, 10017. 1965. 48 pp. $1.25.

A discussion of ways of helping youth live creatively, both on and off the job.

IN THE JOURNALS

"Personalization" of AFDC

The degree to which the intent of the program of aid to families with dependent children (AFDC) has been achieved is "both a source of gratitude and remorse," says Morris Kagan, writing in the July 1965 issue of the quarterly *Public Welfare*. He expresses the conviction that the AFDC program "will cease to be the scapegoat of public attack when the children served by it become personalized—individual human beings—not tax-supported clients." ("AFDC: A Response to Poverty.")

The author, a visiting associate professor of social work at the University of Texas, points out that the AFDC program had helped many children to rise above poverty and illiteracy by keeping their homes together and making it possible for them to remain in school until the age of 18. The "reported failures" of AFDC, he maintains, have in many instances been due to a "philosophy of helping . . . in terms of dole expenditures rather than problem-solving investments" and a ". . . false economy of parsimony typified by starkly inadequate grants, insufficient number of staff, poorly trained and poorly paid staffs, and large caseloads . . . ."

After analyzing the economic and democratic bases of the program, the author suggests that the real hope for developing better support for it is to stress its "compassionate value" by moving from "the realm of statistics to the realm of people." "On a depersonalized basis," he states, "the health and welfare of children—the fabric of AFDC—may be attacked," but when the program "is personalized to the public such attacks become increasingly difficult to mount."

New Journal

Southern Education Report, a new bimonthly journal issued by the Southern Education Reporting Service, Nashville, Tenn., made its appearance with a July–August 1965 issue. It replaces the monthly journal *Southern School News*. According to the first issue, the new journal will report on programs for expanding educational opportunities for the socially and economically handicapped, primarily in the 17 Southern and border States, and will follow a policy of "factual objectivity and nonadvocacy," though seeking "to report evidence of success or failure."

Among the topics discussed in the eight articles of the first issue are: the North Carolina Advancement School; methods for eliminating handicaps to education of the culturally disadvantaged; vocabulary and dialect problems faced by educators of the disadvantaged; the Nashville Education Improvement Project; and the "motivation program" of a St. Louis school district.

The issue also includes a survey of developments in school desegregation and a "box score on school district progress in desegregation, both regular features continued from the *Southern School News*.

Interracial Adoption

Twenty Negro children have been adopted by white families in Minnesota as a result of a 2-year promotion campaign by a committee of Minnesota's adoption agencies, according to an article by Harriet Fricke, case director of the Lutheran Children's Friend Society of Minneapolis, in the July 1965 issue of the quarterly *Social Work*. ("Interracial Adoption: The Little Revolution.") The campaign was begun when the committee, formed to publicize the need for adoption homes for children of minority groups, recognized that Minnesota's small population of Negroes, already adopting at the same rate as the white population, could not absorb the many Negro children awaiting adoption.

The placements were made by 7 of Minnesota's 13 voluntary adoption agencies and by the State Department of Public Welfare in conjunction with several county welfare departments.

The project was promoted through news stories about white applicants for Negro children, speeches to groups, and talks with individual persons. The committee selected as its targets the "room-for-one-more" families—parents who already have children of their own but who are interested in adopting other children "because they know children need them."

Some of the unfavorable initial responses to the campaign the author describes as the "I'm-not-prejudiced-but-everyone-else-is" attitude, and the "but-what-about-discrimination?" position, especially in regard to the question, "What will happen when the child is ready for dating?" She reports that the "straddling position" of some social workers, noted by "astute applicants and community leaders," proved damaging to "the much-sought-after positive professional image."

Nevertheless, the committee found that community readiness was at a higher level than "even the most hopeful of hopefuls had anticipated."

Semiannual to Quarterly

The British periodical, *Journal of Mental Deficiency Research*, became a quarterly instead of a semiannual publication with its March 1965 issue. The National Association of Retarded Children (New York) has made the change possible by a grant of $4,000 to meet the additional cost of publication. With a few exceptions, the journal publishes only reports of original research of interest to pediatricians, geneticists, psychologists, psychiatrists, and neurologists. Begun in 1957, it is published by the National Society for Mentally Handicapped Children, 5 Bulstrode Street, London, W.1, England.

Overcoming Cleanliness

How the use of Montessori methods helped severely retarded children overcome an exaggerated fear of getting dirty, is described by Lena L. Gitter, a consultant of the American Montessori Society, in the July 1965 issue of the *Bulletin of Art Therapy*. ("Montessori and the Compulsive Cleanliness of Severely Retarded Children.") Such a fear, the author reports, is common among retarded children whose parents have used severe methods of toilet training and often prevents the child from taking part in activities requiring self-expression. This fear was so strong, she says, among some of the children who attended the Hillcrest Heights Special Center in Prince

Georges County, Md., that the teachers could not persuade the children to play with water, use a paint brush, or even pick up a crayon.

The staff used the Montessori principle of teaching children nonfrustrating preliminary activities to prepare them for activities involved in the ultimate learning goal. The children were given such unmessy occupations as pouring dried beans (instead of water), picking the beans up (with the same fingers used in holding a crayon), and arranging geometric metal shapes and varicolored chips of wood—tasks chosen to prepare their muscles and eyes for the use of art materials and to stimulate their interest in creating images. By the end of the year, the author reports, most of the children were "painting happily" and had lost their compulsive fear of making a mess. Spilling something, which had once sent them into tantrums, merely sent them for the mop.

READERS' EXCHANGE

HESS-SHIPMAN: ***Room for all***

The interesting paper by Robert D. Hess and Virginia Shipman, in the September–October 1965 issue of CHILDREN ["Early Blocks to Children's Learning"], has the merit of bringing out concretely how class differences in the mother-child relationship influence later intelligence and cognitive styles.

Basil Bernstein's distinction, referred to in the article, between "status-oriented" families, wherein norms of behavior are demanded by fiat, and "person-oriented" families, wherein behavioral norms may be modified by the unique characteristics of the child as well as by preferences and situational factors, reminds one of the Baldwin-Kalhorn-Breeze distinction between "warm-democratic families" and "autocratic families," perhaps also "warm." The warm-democratic families made decisions which took into account the wishes of all and the possible consequences, which were spelled out for the children. The autocratic families demanded obedience without explanation. These investigators found that between 3 and 7 years of age children in the warm-democratic families tended to gain in IQ, while those in the autocratic families tended to lose in IQ.

What is particularly interesting about the Hess-Shipman study is the evidence that differences exist between social classes in the prevalence of such family types, the "status-oriented" being much more common among families of low socioeconomic levels than among the middle classes. Clearly, this documents the theory that accident of birth destroys equality of opportunity for children to maximize their potential.

The implications for corrective programs drawn by Hess and Shipman look plausible, but only empirical results can determine their validity.

I still suspect that an infant under 6 or 7 months of age in a lower class family may have a richer environment in either a crowded, lower class home or a primitive home than in a middle-class American home, by virtue of the greater variety of stimulation and handling he is apt to receive. The general observation that babies of primitive cultural and lower class backgrounds tend to develop in motor functions earlier than those of middle-class families has recently been reinforced with anthropological reports and social studies.

I also suspect that the advantage of the child in a primitive cultural or lower class home over a middle-class American child ceases just before the end of the first year of life when children begin to be interested in new experiences and to imitate novel actions and vocal patterns. Once a child begins to move under his own power and gets in the way of others, and once he begins to ask such questions as "What's that?" the potential for developmental damage in a primitive or lower class culture begins in earnest.

However, contrary to their contentions, it may be quite enough to focus on language skills in intervention to help these children. Carl Bereiter and his associates at the University of Illinois were able within 6 months to move the language skills, as measured by the Illinois Test of Psycholinguistic Abilities (ITPA), of 4-year-old children selected from the bottom of the opportunity scale by something like 2 years of ITPA-age, with training focused on language and arithmetic skills for 2 hours a day. The training started with pronunciation, went on to statements of demonstrable and observed relationships (above-below, nearer-farther) in statement form, and then to arithmetic formulated as statements.

One of the interesting consequences of the Bereiter demonstration is the satisfaction the mothers have taken in their children's accomplishments. One of their most common remarks has been: "I could never understand him, but now I can."

Whether such training must be supplemented for best results by opportunities for children to initiate and carry out learning projects on their own is an open question, as is the question of how much can be achieved with the talking typewriter.

One cannot base his prescription for intervention entirely on an analysis of the social conditions which create the deficit. At this stage of history, there is room for appropriately testing various hunches about how to intervene.

J. McVicker Hunt
Professor of Psychology, Psychological Development Laboratory, University of Illinois, Urbana

BRIELAND: ***Wrong impression***

Donald Brieland's article in the May-June 1965 issue of CHILDREN was excellent. ["The Efficient Use of Child Welfare Personnel."] However, the section about the teaching materials project of the Council on Social Work Education is a little misleading, since it gives the impression—I am sure unintentionally—that the materials are to be available only to public welfare agencies. Actually, the materials will be available to all agencies—public and private—to graduate schools of social work, and to undergraduate schools offering social welfare content.

E. Elizabeth Glover
Editor of Child Welfare, *and Director of Publications, Child Welfare League of America*

SOME U.S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

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CLINICAL PROGRAMS FOR MENTALLY RETARDED CHILDREN: a listing. Rudolph P. Hormuth. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1965. 44 pp. Single copies free from the Bureau.

This edition, the sixth, lists by States 139 special clinical facilities for mentally retarded children, including 94 which receive full or partial support through the Children's Bureau.

OPEN HEART SURGERY IN CHILDREN: a study of nursing care. Florence G. Blake. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 418. 1964. 102 pp. 35 cents.

After describing the methods of studying six children who had been hospitalized for cardiac surgery, this publication presents in detail the case of one of the children, 4-year-old Suzie. It seeks answers to two questions: how can nursing care minimize the physical hazards, anxieties, fears, and discomforts to which such children are subjected; and what problems require further systematic investigation to protect children's welfare after cardiac surgery? Suggestions for using Suzie's case story as a tool in nursing education are included.

AGENCY OPERATED GROUP HOMES: a casebook. Martin Gula. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1965. 89 pp. Single copies available from the Bureau without charge.

This casebook lists 5 public welfare agencies and 10 voluntary social agencies which operate 66 community-oriented, group-care facilities for children and adolescents with social and emotional problems; describes the policies, programs, and staff of these facilities; and presents brief discussions of their values and limitations as seen by their administrators. The group-care facilities include: 34 operated by 4 public and 9 voluntary agencies in the United States; 1, by a Canadian voluntary agency; and 31, by the New Zealand public agency—the largest number operated by any single agency.

HEALTH, EDUCATION, AND WELFARE TRENDS. 1964 Edition: Part I, National Trends. Department of Health, Education, and Welfare, Office of the Assistant Secretary (for Legislation), Office of Program Analysis. 1965. 122 pp. $1.

Contains two feature articles, "Major Trends During 1963 Affecting Health, Education, and Welfare" and "Public and Private Expenditures for Health, Education, and Welfare, 1935–1964"; and tabular data and charts furnishing perspective on a variety of long-term developments, including, among other areas, health, manpower and facilities, educational staffing and facilities, earned degrees, books and periodicals, vocational rehabilitants, research and development, family income, government social welfare expenditures, Federal grants-in-aid.

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